THE CHICAGO
MEDICAL EXAMINER

VOL. I. JANUARY, 1860. No. 1.

INTRODUCTORY ADDRESS BY PROF. N. S. DAVIS, ON THE OPENING OF THE MEDICAL DEPARTMENT OF LIND UNIVERSITY.

Members of the Medical Class and Fellow Citizens:

The occasion on which we are assembled is one of no ordinary interest. The intimate relations which the medical profession bear to some of the most important and most sacred interests of human society, make everything relating to its education a matter of deep public concern. Hence we are gratified to see before us, not only the officers and trustees of the University, with the members of the medical class, but also many of our most enlightened citizens. We are assembled at the present time, not merely to open an ordinary college term, but to dedicate a new institution, and formally consecrate its halls to the noble purpose of diffusing a knowledge to the science and art of medicine—a purpose second in importance to no other of a temporal nature. It is not, however, merely the opening of a new institution, the addition of one more to the number of medical colleges already existing in our country, that has called us together this evening; but the opening of one on a different and, we humbly trust, better plan than any which have preceded it on this side of the Atlantic. Having thus deviated from the beaten path, the strict line of precedents in the establishment of this department of the Lind University, it may be reasonably expected that we will embrace the present opportunity to develop, so far as the hour allotted to us will permit, the reasons by which we have been influenced, the nature and extent of the changes we have adopted, and the objects we propose to accomplish by them.

The considerations which have induced the faculty to undertake the task of establishing this institution, may all be included in the two following propositions:

First, the very liberal offer of the Board of Trustees of the University, to furnish all the needed accommodations for a medical department, with no other restrictions than that the plan of instruction adopted should be such as would most effectually promote the educational interests of the profession without reference to established customs and usages.

Second, a sincere desire on the part of the faculty to put into practical operation a system of medical college instruction more in accordance with sound educational principles, and better adapted to the present state of the science and art of medicine, than that which has been so long adhered to by the medical schools of this country.

As this last proposition rests upon the assumption that the present system of medical college instruction in this country is defective, it may be proper to spend a few moments in investigating the truthfulness of that assumption, more especially as without this we might be charged with personal arrogance or an attempt to be wiser than our generation. It is well known that the system of medical education in vogue in this country has been the subject of discussion and severe criticism for many years. These discussions in the medical periodicals, and the State and local medical societies, led to the assembling of a National convention of delegates from the various medical societies and colleges in the United States, at New York, in May, 1846, and to an adjourned convention in Philadelphia the following year, when a permanent National Association was organized. At the primary convention in New York, three committees were appointed having reference to the subject of medical education.

The first was to report on the subject of preliminary education; the second, on the requirements necessary for graduation; and the third, on the proposition to separate from the colleges the right to issue diplomas which confer the right to practice.

Carefully considered reports were received from each of

these committees, at the meeting in Philadelphia the succeeding year. The first was presented by Dr. Couper, of Delaware, chairman of the committee, and strongly urged upon both the profession and the colleges the adoption of a higher standard of preliminary education before entering upon the study of medicine. The report from the second committee was presented by Dr. Haxall, of Virginia, and not only admitted that there were many and important defects in the prevalent system of college instruction, but specifically recommended an increase in the length of the annual college terms, an increase in the number of professors, an extension in the curriculum of study, and the exaction of a higher standard of qualification on the final examination for the degree. Both these reports were accepted by the convention, and after a free discussion, their recommendations were adopted with great unanimity. Two reports were received from the third committee, both admitting the system of Medical College instruction to be defective, but without definite action they were referred to the standing committee on medical education for the ensuing year. At the annual meeting of the American Medical Association in Baltimore, the following year, (1848,) the report from the standing committee on medical education was made by Dr. Alexander H. Stevens of New York, himself one of the oldest and ablest teachers in the Union. In his report he uses the following language, viz: "The truth of the proposition that there are striking deficiencies in our profession is, at this time, so generally conceded as to obviate the necessity of further demonstration." And again he says: "In whatever aspect the enterprise be viewed, the mind is finally arrested by the apparently radical source of all the evils and deficiencies in the profession, viz: the imperfect education of a large part of its members." At the close of his report Dr. Stevens urged a strict observance of the recommendations adopted the previous year, and in addition that hospital clinical instruction be made a necessary part of the Medical College instruction, and that the "faculties of medical schools be advised and requested, carefully to examine students after attendance on their first course of lectures, to issue certificates of proficiency to those who merit them, and to

regard the possession of such certificate, and attendance on another course of lectures indispensable preliminaries to a final examination for the doctorate."

At the next annual meeting of the American Medical Association, which was held in Boston, in May, 1849, and which was very fully attended by members and delegates from every part of our Union, the report on medical education was made by Dr. F. Campbell Stewart, of New York, chairman of the standing committee on that subject. This report contains an elaborate and highly interesting review of the system of medical college instruction adopted in the several European countries; and after comparing them with that existing in our own country, the author says: "The subjects taught in Europe are more numerous, and a much greater proportion of time is devoted to their study than is allowed in the United States. They are so disposed, also, that they follow each other in a regular consecutive order. The student is thus enabled to prepare himself on a given number of subjects, by close application to their details, in a reasonable period of time; after which he is examined; and, if successful, his mind being relieved of a portion of care and anxiety, he is better prepared to commence and prosecute the study of a new series, upon which he is likewise in turn examined, and which he dismisses for the time being from his thoughts. How infinitely superior is this course to that which compells him to burden his memory, and toil during the whole period of his attendance on lectures, to keep pace with his preceptors in their endeavors to impart to him instruction on a multitude of subjects, which are crowded together, and a knowledge of all of which must be obtained in the very short space of time allowed by most of our colleges as the period in which their courses are comprised."

Again, Dr. Stewart says: "The number of professors engaged in teaching medicine and surgery in connection with European schools is more than double, and, in some instances, four and five times as great as with us. This permits a division of labor, and enables those engaged in imparting knowledge to devote their time and energies to the full and comprehensive illustration of the subjects, the elucidation of which has been committed to them."

Besides reiterating the principal recommendations made in the reports of previous years, we find in this the following important propositions, viz: "We think that much might be gained by a division of the subjects taught into two classes; one series of which might be studied during the first course of lectures, and another during the second year's attendance. The anatomy and dissecting, together with chemistry, materia medica, pharmacy and physiology, might be studied during the first session, at the close of which, examinations should be held and certificates of acquirement given. During the second session, the subjects of surgery, practice of medicine, midwifery, and hospital attendance, with a continuation of the study of anatomy, might be insisted on. This we think would be a decided improvement upon the present plan, which requires attendance on all the branches during both sessions, and does not permit the student time to prepare himself thoroughly on any one of them. We urge your close attention to this proposition, which we hold to be important, and which we think would be found to work well."

At the same annual meeting of the Association, a special committee was appointed to embody in a report more fully the views of the profession on the subject of increasing the length of the annual lecture term. This committee consisted of the venerable Dr. Samuel Jackson, as chairman, and Drs. J. L. Atlee and Alfred Stille, all of Philadelphia. In the very able report of that committee we find it stated that, "to the imperfect and restricted courses of the schools, and the low standard of medical graduation, were attributed the superficiality and degradation of medicine." Again: the plan of four month courses of lectures belongs to the origin of medical schools in this country, and arose out of the necessities of the case. The establishment of medical lectures at all was a bold innovation; and, lest it might act as a discouragement to students, the term was made as short as possible, and limited to four months. And yet, at that period, medicine had but a moderate expansion, and scarcely made pretension to a scientific character."

The same report continues: "Since the first establishment of the medical schools, the field of medical science has changed

its entire aspect. The new departments that have been developed, exceed in extent, and equal in importance, the rudimentary branches forming the original scheme of medical education. They embrace what may be correctly designated the higher and scientific branches of education. To include them with the original courses, in lectures of four months' duration, is wholly impossible." After speaking of the crowded state of the profession, and its imperfect education, the same committee add: "The profession look to the schools to reform this evil; and they anticipate longer courses, new branches added, higher requisites for graduation, and an adequate preliminary education, as the means by which it is to be accomplished."

Elaborate and able reports from the standing committee on medical education were made to the Association, at its annual meetings in 1853, by Dr. Worthington Hooker, of Connecticut; in 1854, by Dr. G. L. Cabell, of Virginia; in 1857, by Dr. W. H. Anderson, of Alabama. In each of these reports the defective condition of our medical college courses of instruction was as fully acknowledged as in any that we have already noticed.

The last report which has been made to the Association on this subject, emanated from a special committee, of which Dr. James R. Wood, of New York, was chairman. The committee was appointed at the annual meeting of the Association in Nashville, May, 1857, and was instructed to report to the next annual meeting a definite plan of medical college organization and instruction. At the succeeding meeting in the city of Washington, May, 1858, Dr. J. R. Wood presented his report, which recognized the inadequacy of the prevailing system of medical college instruction, in the following explicit language, viz: "The great advancement of medical science during the last few years has materially changed the character of the curriculum of medical studies. The more common branches, as anatomy, chemistry, practical medicine, surgery, obstetrics, and materia medica, have been indefinitely enlarged, and now require for their complete elucidation far more time, and more patient and painstaking demonstration. But, in addition to the vast improvements, and their consequent expansion, other

fields in the domain of medical science have been opened for investigation, and earnest, thoughtful laborers have cultivated them not in vain. To afford the student facilities, therefore, for obtaining a complete and thorough medical education, our schools must increase the number of their professorships, in proportion as each new department of medical science attains the rank of a definite science.

Every teacher of medicine must be impressed with the importance of giving to both teacher and pupil more time, not only by lengthening the terms of our colleges, but also by having fewer lectures daily. The system, as at present pursued, is literally one of "cramming," and must sooner or later be essentially modified."

We have made these copious, and perhaps tedious extracts, not from the statements of those who are styled special advocates of reform in medicine, nor from public addresses, where the excitement of the occasion or the superfluities of rhetoric might lead to exaggerated expression; but from reports deliberately prepared by committees, after ample time for investigation, and the sentiments of which have been repeatedly sanctioned by the highest authority known to our profession, viz: the American Medical Association. They not only fully justify the assumption on which we have acted, but they show, clear as the noon-day sun, the necessity for a system of medical college instruction more comprehensive and systematic than that which has hitherto prevailed in our country. Hence, instead of seeking to excuse ourselves for having embraced the opportunity presented by the enlightened board of trustees of this University, to establish a medical school on a broader basis, with a more extended and systematic plan of instruction, we are free to acknowledge that any other course on our part would have proved us recreant alike to the interests of the profession and the great cause of humanity.

The extracts which we have made from the records of the National Medical Association, not only show the defectiveness of the prevalent system of medical college instruction, but they indicate in general terms the appropriate remedies or improvements that are desired. They are, first, an increase in the

number of professorships corresponding with the increased number and extent of the branches included in the great field of medical science and art, at the present time. Second, an increase in the length of the lecture term sufficient to allow fewer lectures a day and the students more time for reflection and hospital attendance. Third, such a division of the branches as will enable the student to attend, during the first course of lectures, to those only which are more elementary in their nature; and in his second course, those denominated practical; thereby enabling him to concentrate the mind upon a smaller number of subjects at one time, and investigate them in such order of succession as will facilitate both the acquisition of knowledge and the attainment of a high degree of mental discipline. Fourth, the establishment of systematic hospital clinical instruction in connection with the courses on practical medicine and surgery. Fifth, the more frequent and thorough examination of students during their attendance on lectures, as well as at the close of the period of their pupilage. In devising a plan of instruction for this department of the University, we have not been unmindful of these deliberately expressed sentiments of the profession. On the contrary, we have studiously endeavored to execute such a plan of organization as would insure their complete practical accomplishment. To make the peculiarities of this plan obvious, it is necessary to state cursorily the principal features of the ordinary medical college courses, with an explanation of the actual relations which the colleges bear to the entire education of the medical student. From the earliest organization of medical colleges in our country, their active period of instruction has been limited to a part of each year, and consists almost entirely in oral instruction by lectures, aided by such demonstrations as the several branches will permit. Until within a very few years, nearly all the colleges commenced their annual courses of instruction about the first of November, and continued sixteen weeks. In a few schools, the entire annual course of instruction embraced only thirteen weeks. Within the last three years, owing to the repeated recommendations of the profession, through the American Medical Association, several of the colleges have added two weeks to the length of the term, by

commencing the second on third week in October, instead of the first of November. The usual number of professors in each school is seven; and the number of lectures each day six, except in such as devote a part of two days in each week to clinical purposes. In only a part of the schools is hospital clinical instruction and dissections made a necessary part of the curriculum of study. It will thus be seen that the whole field of medical college instruction is annually crowded into the short space of from fifteen to eighteen weeks—that the student is required to listen to an average of six lectures per day, on as many different subjects—that these subjects are presented in no natural order of succession, but heterogeniously embracing the same day, lectures on anatomy, chemistry, materia medica, practical medicine, surgery, and obstetrics—that no division of the several courses, so as to adapt them to the period of advancement of the student is allowed; but the student who has studied medicine less than six months, and is yet scarcely familiar with the frame work of the human system, or the natural functions of its most important organs, is required to listen day by day to the same details on practical medicine, surgery, and obstetrics, as the student who has been diligently pursuing his medical studies for three years.

Such are the principal features of the prevalent system of medical college instruction in our country. To show its inadequate extent, and its violation of the plainest and most important educational principles, we need only refer to a few facts.

For instance, no enlightened physician would regard a course of medical study as sufficient, which did not include anatomy, physiology, histology, chemistry, both organic and inorganic, materia medica, general pathology, surgical and pathological anatomy, medical jurisprudence and toxicology, practical medicine, practical surgery, and midwifery, with diseases peculiar to women and children. Yet a single standard work on each of these branches would embrace not less than seventeen large octavo volumes, averaging over 600 pages each, or an aggregate of over 10,000 printed pages.

It is quite obvious that any attempt to distribute this whole

field among six or seven professors, for the purpose of bringing it under review in sixteen weeks, is a practical impossibility.

On this subject the profession of Ohio, assembled in convention at Columbus, in January, 1838, passed two resolutions as follows:

"*Resolved*, That in the opinion of this convention, the sessions of the different medical schools throughout this Union are too short, and that they ought to be extended one month, and the students required to stay to the end of the term.

"*Resolved*, That the number of professorships is too few, and that ampler provision be made for teaching physiology, pathological anatomy, pharmacy, medical jurisprudence" &c.

Dr. Daniel Drake, (than whom no higher authority can be quoted in the interior of this continent,) in commenting on these resolutions in the Western Journal of Medical and Physical Sciences, for March, 1838, says: "Their first resolution, however, contains suggestions in which every reflecting member of the profession must concur. That the lecture terms, in all the schools in the Union, are too short, is undeniable." After censuring severely the practice prevailing among students of leaving the college before the term is finished, and suggesting that all students should be required to take "a ticket of valediction," as well as of matriculation, Dr. Drake continues: "We cannot but cherish a hope, that this regulation, together with an extension of the term, will, at no distant day, be adopted by all our schools. The effect on the American profession would be instantaneous, and, in all respects, salutary."

Again he says: "The second resolution furnishes a strong argument in support of the first, and ought, indeed, to have preceded it in the series. It looks directly to the limited range of studies prescribed and pursued in nearly every school in the Union. Indeed, we may affirm, that there is not one in which the cycle is as comprehensive as the nature of the medical profession demands." If these resolutions of the State medical convention of Ohio, and the observations of Dr. Drake thereon were founded in truth, when made twenty years since, how much more applicable are they now, when almost every branch of medical science has been greatly enlarged, without

any material enlargement of the college courses of study.

We have intimated that the prevalent system of medical college instruction is not only too short and too limited, but that its arrangement violates the plainest and most important principles which should govern man in the acquisition of knowledge. It does this in three ways: First, by crowding upon the mind daily so great a number of diverse and intricate topics, that it is impossible to bestow any reasonable amount of reflection on each: Second, by presenting the several branches in a perfectly heterogenous manner, without any regard to their natural relations to each other; and, third, by giving the same kind and amount of instruction to all the students, without any reference to their previous attainments or degree of advancement in their professional studies.

If a good student in a literary college finds his time fully occupied in endeavoring to acquire, simultaneously, a knowledge of one branch of a natural science, one of mathematics, and two languages, what shall we think of the system which requires the young man to keep pace with six lectures per day on as many different branches of medicine, with dissections in practical anatomy, and more or less clinical instruction added? It is a fundamental principle, constantly acted on in all schools, except those devoted to medical studies, that whenever a number of studies, or branches of study, are to be pursued, such as are most elementary and best calculated to prepare the mind for the others, are taken up first, and the more abstruse and complex ones afterwards. Thus grammer precedes rhetoric, and arithmetic the higher branches of mathematics, etc. Equally so in medicine, the study of anatomy and physiology, which embrace a knowledge of the structure and functions of the human system in health, should precede the study of disease, which is a deviation from health. In like manner, chemistry and materia medica, which reveal to us the composition and properties of medicines, should go before any attempt to acquire a knowledge of the application of these agents in the treatment of disease. Yet obvious, as is this principle to the sense of every man, it is, as we have already seen, entirely ignored in the system of instruction adopted by

our medical schools. On these points, Dr. Drake, in the article to which we have already alluded, makes some observations so pertinent, that we will not withhold them. The third resolution adopted by the medical convention of Ohio, in 1838, was as follows:

"*Resolved*, That if practicable, our medical schools should be so organized, as that students in their first course should have their attention chiefly directed upon special anatomy, physiology, chemistry, pharmacy, and other elementary branches; and their second, upon pathological anatomy, therapeutics, the practice of physic, surgery and obstetrics."

Commenting on this resolution, Dr. Drake says: "It is not only absurd, but actually injurious, for the student who has recently commenced the study of medicine, and is not yet acquainted with the structure and functions of the body, with chemistry, or the rudiments of botany or zoology, to engage the high and difficult inquiries of pathology and practical medicine; and, in the present organization of our schools, this is constantly done. The *beau ideal* of collegiate medical instruction would be for students, in their first course, to devote themselves to anatomy, special, general and pathological, with dissections; to physiology, corporeal and mental; to chemistry, pharmacy, and the classifications of medicines; and to so much of the history of the mineral, vegetable and animal kingdoms as is necessary to the due understanding of the two last; and in the second session to give their chief attention to therapeutics, symtomatology, ætiology, practice, surgery and obstetrics."

Again he says: "It is greatly to be regretted that private preceptors do not confine the reading of their pupils, in the early period of their studies, to the introductory branches, and send them, as soon as they have taken a bird's eye view, and become somewhat familiar with technical terms, to a medical school, with instructions to limit themselves to the lectures which are proper for the first session. After attending it, they should engage in a course of more practical reading, and then return to the University for graduation. It is to be feared, however, that for a long time to come, our brethren who do not reside in the immediate neighborhood of medical schools will think, or at least act differently from what is here advised;

and equally to be apprehended, that those who prescribe the policy of our institutions, will neglect the establishment of junior and senior classes. Meanwhile, we will hope, however, that the students themselves will become more and more impressed with the importance of devoting the first session chiefly to the elementary branches, and the second to the practical." Having presented clearly, and illustrated perhaps tediously, the evils and defects inherent in the organization of medical schools in this country, we will proceed to state briefly such peculiarities in the organization of the medical department of this University, as are designed to obviate these evils and defects.

They are: first, the extension of the annual college term to five months; second, the increase in the number of professorships corresponding with the number and extent of the branches actually included within the domain of modern medicine; third, the division of the term into junior and senior departments in such a way that all students attending their first course can concentrate their attention upon the more elementary branches, and advance in their second course to the more practical; fourth, the giving of fewer lectures each day, with daily examinations, and general examinations at the close of each department, thereby ensuring a much higher degree of mental discipline, and a more perfect knowledge of each branch brought under review; fifth, the elevation of clinical medicine and surgery to the rank of professorships, and the making of daily clinical instruction in the wards of a hospital a necessary part of the course in the senior department.

By these arrangements we secure to the student of medicine the means for pursuing the different branches of medical study, in a strictly methodical and natural order of succession. In the junior course, which embraces anatomy, physiology, and histology, inorganic chemistry, materia medica, and general pathology, with dissections, he concentrates his attention upon, and becomes familiar with the elementary parts of our noble science. He becomes familiar with the composition, mode of development, structural relations, and functions of the various parts of the human system in a healthy condition, together

with its relations to inorganic matter, and the composition and properties of remedial agents.

He thus lays deep, broad, and well defined, the foundation of his professional education before he attempts to mingle with it the superstructure. Having done this, he advances with ease and readiness to his senior course, embracing a review of his anatomy in its relations to operative surgery: of chemistry in its application to organic matter and toxicology; and of practical medicine, surgery, obstetrics, and medical jurisprudence.

Another advantage of paramount importance to the medical man necessarily results from this plan. By taking up the branches in their natural order of succession—by concentrating the attention on a smaller number of lectures each day, thereby allowing time to reflect upon and mentally digest what is heard —and by giving each teacher fifteen minutes additional time daily, to examine the class on the lecture of the preceding day, the student almost necessarily acquires a clearness of thought and expression, a quickness of perception, and a general mental discipline of the highest value in the practice of the healing art. Without method there can be no true mental discipline. And without a good degree of mental discipline the accumulation of facts only convert the mind into a storehouse of heterogenious materials, without the ability to perceive the relations they bear to each other, or the applications of which they are capable in the investigation and treatment of disease.

Finally, this plan makes the entire course of college instruction embrace a much more complete and comprehensive review of the field of medical science and practice as it now exists.

It is well known that in the ordinary arrangements of the schools with six or seven professors, the important departments of surgical anatomy, histology, organic chemistry, general pathology, and medical jurisprudence, are each appended to other branches or entirely omitted from the curriculum. And it is equally well known that in a large majority of the schools the branches to which they are appended receive the entire attention of the teacher, or if they are reached at all, it is only in time to furnish the matter for four or five lectures at the end of the term, after half of the class have returned to

their homes. Some of the students whom I now address, have attended full courses of lectures in other schools, with the ordinary number of professors, and I would inquire of them how many lectures they even listened to on the important topics of organic chemistry, toxicology, histology, and medical jurisprudence? The omission of these is not the fault of the teachers, but of the system under which they act. If to one professor is assigned both physiology and general pathology, and only four lectures per week for sixteen weeks, it is not possible for him to give more than an adequate view of the first, if he includes with it, as he should, histology, and more or less examinations with the microscope. One of the most popular text books on human physiology, now in use, contains over 1,000 large sized and closely printed octavo pages.

Again, if medical jurisprudence is appended to the chair of materia medica, as is often the case, the lecturer must possess a very unusual power of condensation, or he will find himself at the end of the sixteen weeks before he has completed his course on the latter alone. Hence we make no new or exaggerated statement when we say that the ordinary plan of medical college instruction, embracing seven professorships, and sixteen or seventeen weeks of lecturing, absolutely necessitates one of two important evils, viz: either the entire omission of several important branches of medical science, or a very hasty and inadequate presentation of the whole. But by our plan of nearly doubling the number of professorships, and dividing the annual term of five months into two distinct departments, we are enabled to embrace all the branches of medical science proper, to present each with a degree of fullness proportionate to its importance, and thereby lead the student who attends his courses with us over a much more comprehensive field of study. This is more clearly demonstrated by the following figures, viz: The student attending an ordinary college course of sixteen weeks, with six lectures per day, except Saturday afternoons, would listen to an aggregate of 520 lectures. If he attends a second course in the same school, he simply listens to a repetition of the first. Hence the 520 lectures actually embraces the entire field of study brought under review in the

ordinary prevalent system of medical college instruction.

The student, however, who attends his first course in the junior department of this University, receives, besides dissections and demonstrations with the microscope, four lectures per day for full twenty weeks, (omitting the afternoon of Saturday,) making an aggregate of 446 lectures on five fundamental and important branches of medical science. In his second course in the senior department of this institution he would receive four lectures per day in the college and one in the hospital, for twenty weeks, making an aggregate of 600 lectures, none of which will be a repetition of those listened to in his junior course. Hence, in attending two courses in the medical department of this University, he is conducted over a field actually embracing an aggregate of 1,040 lectures, being thus just double the extent of that passed over in the ordinary plan.

A fair comparison of the two systems of medical college instruction then stands thus: By the ordinary plan, the student attending his first course, is crowded with six lectures per day, on as many different topics, for sixteen weeks. In the second course he endures a repetition of the same process over precisely the same field.

By the plan adopted in the medical department of this University, the student in the junior department receive four lectures per day for twenty weeks, thus giving him time to reflect upon and digest what he hears, and also pursue practical anatomy by dissection and microscopic examinations without haste and confusion.

In his second course, in the senior department; he advances to another series of branches, and receives five lectures per day for twenty weeks including clinical medicine and surgery. Can any intelligent physician or student hesitate in deciding which system or plan of instruction is most comprehensive, most systematic, and most in accordance with the plainest principles of education?

We are aware that two medical journalists have recently published the statement that "if the student is to depend on the schools for his education, a single course of lectures on any branch of science is not sufficient," but the same should be

repeated once or more. We freely admit the abstract truth of the proposition; and yet it constitutes no objection to the plan of instruction adopted in this institution—simply because in no part of America does the medical student depend wholly on the schools for his education. On the contrary, the period of medical study universally claimed for the student is three years, or thirty-six calendar months; while the aggregate amount of attendance required in the schools is only eight months, or less than one-fourth of the whole.

What, then, is the true relation borne by the schools to the education of the profession in this country? Most obviously it is this: The student is to lay the foundation of his education by a careful reading of approved authors under the direction of a private preceptor, while he resorts to the schools for the purpose of hearing the several branches reviewed, accompanied by such illustrations and demonstrations as can be given by the living teacher only. Admitting this to be the actual relation of the schools to the education of the student, is there an intelligent physician who will hazard his reputation for sagacity by claiming that the schools should be so organized as to compel the student who, during the first part of his period of study, has hardly had time to read the ordinary text books on chemistry, anatomy, materia medica and physiology, to listen to a review, not only of these branches, but in addition, also, to practical medicine, surgery, obstetrics, etc., and all in the short space of four months, for the sake of having the same confused repetition at the end of the last half of his period of pupilage? With as much propriety might we require a class of boys in a grammar school, who had studied only grammar, geography and arithmetic during the year, to review at its close, rhetoric, astronomy and algebra.

But we have already wearied your patience on this subject. We have presented before you abundant testimony, from sources that can neither be gainsayed nor refuted, to prove the prevalent system of Medical College instruction extremely defective, and inadequate to the wants of the profession. We have shown from the same authoritative sources that the principles embraced in the organization of the Medical Depart-

ment of this University are neither the developments of to-day, nor the invention of some over zealous partisan reformer. But on the contrary, that every principle embraced in the organization has been fully evolved and urged upon the attention of the medical public by the master minds of the profession for more than a quarter of a century. They have been, singly and collectively endorsed, not merely by State and local medical societies, but by the highest tribunal known to the profession in this country. Feeling, therefore, the fullest confidence in the correctness, both of the principles and the details involved in the organization of this institution, my colleagues and myself enter upon the task of giving it a practical establishment with no trembling hand or faltering step. On the contrary, eschewing all partisan strife and mere groveling rivalry with existing institutions, and fully conscious of the purity of our motives, and the high and noble purposes to which we have dedicated our labor, we boldly unfurl our banner to the breeze, not doubting but the time will come when the wise and good will rally under its folds from every grove and prairie in these great and fertile States of the North-west.

Another inquiry of no less interest to the profession, and especially to you, gentlemen, who have assembled here to receive instruction, is: What means do we possess for carrying into successful operation the plan of organization which we have just passed in review?

We are happy to be able to respond that they are ample in every department. Rooms have been provided in this magnificent block of buildings, furnished with all the comforts and conveniences usually found in the best colleges. They consist of two convenient, comfortable and well lighted lecture rooms, a laboratory, museum, room for practical anatomy, a library, and faculty room. The laboratory is furnished with an entirely new apparatus, selected with especial reference to illustrating a full course of instruction in each department of chemistry.

The museum is already furnished with a better cabinet of preparations and drawings, anatomical, pathological, microscopic and obstetrical, than is to be found in any other medical institution in the Northwest. And on the arrival of our col-

league, the professor of anatomy, a few days hence, it will receive a large and most valuable addition, directly from the great emporium of medical science on the continent of Europe. A library has also been provided, consisting of between four and five hundred volumes, which will be accessible to the class under proper regulations.

In the all important departments of practical medicine and surgery, the means of illustration are even more complete. The Mercy hospital, located near at hand, being scarcely ten minutes walk from the College, has constituted a genuine clinical school for the last eight years. It contains about sixty beds for the sick, and always has in its wards a sufficient number of patients of both sexes, to illustrate fully, all the more important and severe forms of disease, both medical and surgical.

In addition, the Orphan asylum, immediately adjoining the hospital, furnishes the clinical class frequent opportunities for observing the diseases of children, an advantage of great value to the student, and rarely enjoyed in connection with public institutions. The hospital is open for clinical instruction to all regular students who have arrived at the proper period of advancement in their studies, from eight to nine o'clock every morning, except Sunday. We say open to all students of legitimate medicine, without reference to what college they may be attending; for though its wards are fully under the control of the professors of practical medicine and surgery in this institution, we should deem it alike illiberal and unprofessional to restrict its advantages to our own students.

On the contrary, the clinical advantages of every public hospital belong to the educational interests of the profession at large. And the physician or surgeon who would restrict them entirely to his own private interests, or to the interests of the particular school with which he might be connected, is an enemy to the profession and the cause of humanity. The clinical instruction in the hospital is of the most practical and particular character. The student is enabled to come in direct contact with the patients, and not only to note all the ordinary symptoms, but to daily train his own ear and touch by the direct

practice of auscultation, percussion, palpation, etc. Two surgical cliniques are given each week, namely, on Monday and Saturday mornings, while the four intermediate mornings are devoted to clinical instruction in the medical wards.

In addition to the hospital, we have the Chicago City Dispensary, now occupying one of the rooms in this building, to which a considerable number of patients resort daily.

From these we shall select the cases of interest for a regular surgical clinique in this room, on Wednesday of each week, by the professor of surgery; and a medical clinique every Saturday by the professor of practical medicine. These cliniques in the college will be given from two to three o'clock, on the afternoons of Wednesdays and Saturdays, throughout the term, and will be free for both the attendance of the junior and the senior classes, and also any member of the profession who may choose to honor us with their visits.

Such, gentlemen, are the means at our command for carrying on the several courses of instruction provided for in the organization of this institution. On the ability of the several members of the faculty to use these means skillfully, and discharge the duties devolved upon them satisfactorily, it does not become me to speak. Of the ten active members of the faculty, eight are, and have been for several years, residents of this city; and are all well known to you, as well as to the whole profession of the northwest. Concerning the two non-residents, it may be proper to say a few words. The professor of pathology and public hygiene, a resident of Galesburg, in this State, is a gentleman of high scientific attainments, and a physician of experience, and well qualified to do honor to the chair he occupies.

The professor of Anatomy, Dr. Titus Deville, has been a resident of Paris, in France, during the last five or six years, where he has attained the reputation of being one of the best teachers of Anatomy in that great medical metropolis. He comes to our city for permanent residence, and brings with him a full supply of everything which can contribute to make the important department of Anatomy fully understood. We

predict for him a success in that department which has rarely been equalled.

With an organization so methodical and comprehensive as we have detailed—with the means of carrying it into effect so ample—without a single dollar of indebtedness to embarrass its operations—and with a faculty wholly independent of any income to be derived from the institution for their own support, we may safely assume that the success and permanence of the Medical Department of Lind University is secure. We are happy to announce that there are already students enough before me, whose names have been given in for attendance during the whole term, to constitute a respectable class in each department.

Young gentlemen, we not only welcome you cordially to the halls of this institution, which we here this evening dedicate to the noble purpose of defusing a knowledge of the most interesting sciences, and the most beneficent profession that exists among men, but we congratulate you on the peculiar advantages of your position.

For if the classes in each department should remain small, compared with those attending some of the older schools, instead of operating as a discouragement, it would be, to you, a very great advantage by enabling each of you to receive that minute and thorough personal instruction in every branch of medicine which would be impossible in a class numbering from one to five hundred. Again, in after years, when the institution has attained the position to which it is surely destined, and is every where acknowledged as the pioneer in the great work of extending and elevating the most important educational interests of our profession, you will feel a just pride in the remembrance that you constituted its first class, and by your presence aided us to usher it into existence. In choosing the profession of medicine as your calling, you have individually assumed a high responsibility. Your future lives must be a continuous conflict with disease, and the grim monster, death. The fond father will often extend to you his feverish hand, imploring to be restored to health and the care of his children. The affectionate mother, while clasping her suffering infant in her arms, will anxiously listen for your footsteps in the hope of having

it snatched by your skill from an early grave. Thus, day by day, you are to deal with the most confidential, the most important, and the most sacred interests of man. Let me entreat each one of you, then, in the prosecution of your professional career, not only to cultivate the highest degree of familiarity with every branch of medical science and art, but also a mental discipline, which will enable you to use the facts and materials with which you become familiar, with the highest degree of promptitude and skill, and a moral integrity that no temptations can swerve. If you do these things faithfully, when you go out from these halls, your lives and acts will constitute the most efficient support for your Alma Mater, and the world will be better and happier for your living in it.

ORIGINAL COMMUNICATIONS.

NOTES OF SURGICAL CASES.

BY E. ANDREWS, M. D.,
Prof. of Surgery in the Medical Department of Lind University, Chicago.

Case 1. *Fibrous Tumor of the Omentum.* Mrs. X, from ——, applied to me for advice and assistance on account of a large abdominal tumor, of many months standing. It had commenced in one of the iliac regions, and gradually increased to the size of a child's head. The patient at this time was greatly exhausted and suffering from ascites, owing to the irritated state of the peritoneum.

On examination the tumor was found to be exceedingly hard, like a fibrous growth, and nodulated on the surface. It was perfectly moveable, so that it could be rolled to any part of the abdominal cavity, and was entirely free from pain and tenderness. No softness or fluctuation could be detected in any part of it.

On examination, *per vaginum*, I found to my surprise that

the tumor had no connection with the uterus; its motions in rolling about having scarcely any effect on the position of that organ.

Having ascertained that the tumor was not uterine, as I at first had supposed, I felt at a loss to determine its true character, for it was decidedly too hard for an ovarian cyst. As the patient obviously could not very long survive the continued dropsy induced by the presence and rapid growth of the abnormal body, it became an important question as to whether its removal should be attempted. I made an appointment for a consultation with some medical gentlemen of the city; but before the hour arrived, the patient's friends suddenly changed their minds and took the cars with her for New York City. On their arrival there, they consulted a gentleman justly eminent in the profession, and holding a prominent chair in one of the Medical Colleges. Whether the parts underwent some change which confused the diagnosis, or whether the patient did not afford the practitioner opportunity for a complete examination, I am not informed, but the result was an error in diagnosis, certainly a very excusable one however under the circumstances. The decision was that the tumor was uterine, and that an attempt at extirpation was hopeless. The patient returned home, and died in about four weeks of chronic peritonitis, manifested by dropsical effusion rather than by the adhesive process.

A post mortem examination was made, which unravelled the mystery. A large fibrous tumor of the omentum was revealed. The uterus was found of the normal size and appearance, and the ovaries healthy. The tumor weighed three pounds and thirteen ounces. The right lung was compressed or atrophied to the size of a closed fist, and the pleural sac filled with a limpid serum. The tumor had some few adhesions by bands to the viscera, but very little vascular supply, and apparently might have been extirpated without difficulty.

Four cases of Tetanus. Two recoveries. John B., a negro, received a cut which severed the bone of the thumb, but did not completely divide the soft tissues. Being replaced in position it united well by first intention. On the sixth day he applied

for help for stiff jaws, as he called it. On examination he was found to have tetanus. He was ordered ten grains of quinine and half a grain of morphine at one dose, every three hours. For some hours he grew worse, but the enormous doses were continued throughout the night, and the next day he was found greatly improved. Notwithstanding the quantity of quinine taken there was no ringing of the ears, nor did the morphine produce any narcotism. On the second day the intervals between the doses were increased to five hours. The skin which at first had been parched and hot became moist, with a copious warm perspiration, and the articulation regularly improved. The treatment was continued for five days with diminished doses, and the patient was discharged cured. The case was treated by Prof. Johnson, of this city.

Another case, resulting from some injury of the foot, was treated by Prof. W. B. Herrick. All the details of the case, both in symptoms and treatment, corresponded to the previous one, and the cure was equally rapid.

Case third, was that of a man aged forty, who had thrust a nail into his foot. Tetanus supervened, with all the usual symptoms. He was treated by the writer on the narcotic and relaxant plan, the articles used being chiefly cannabis indica and tobacco. Only temporary advantage resulted from this course, and the patient speedily expired from asphyxia, produced by his fearful spasms.

Case four was similar in its origin and course to the third. The patient was treated by Dr. Wardner of this city, by full inhalation of chloroform. This very materially alleviated the suffering, but did not apparently prolong the life. The patient expired of exhaustion at a date as early as he would have done had he been without any treatment.

Tetanus in this region is exceedingly rare, and consequently it becomes practitioners here to discuss it with modesty. The result of the cases treated with narcotics is however in accordance with the general experience of the profession. It is sufficiently settled, that narcotics and antispasmodics are not adequate to the emergency.

It is probable that the spasms derive their uncontrollable

violence from the presence of some animal poison, which like that of erysipelas, is generally within the system, and acts directly on the motor nerves, or nerve centres. The attention of the profession should be turned, not to seeking more potent antispasmodics, to resist the effect, but to those remedies known to have the power of destroying animal poisons, with the hope that among them may be found one or more sufficiently prompt and energetic to antidote the cause of all the evil. The sulphate of quinia seems to have been successful in the only two cases in which it was used. Bromine, iodine, the iodides, the chlorates, and perchloride of iron, all have a remarkable power over erysipelas and some other forms of poisonous disease. May they not be efficient in this if given in overwhelming doses?

CASE OF PUERPERAL CONVULSIONS.

REPORTED BY WM. H. BYFORD, M. D.
Prof. of Obstetrics, etc., in Medical Department of Lind University.

Mrs. R., a delicate, but healthy woman, of nervous sanguine temperament, aged 27 years, was confined August 5th, 1859, about 9 o'clock, of a female child, which she thought was two weeks too soon. Although she enjoyed what she considered excellent health during this her second pregnancy, for the last two or three weeks her feet and legs were edematous; she had some edema of the face and perhaps elsewhere, and was annoyed by frequent small discharges of urine, more I should judge than usual. Her labor, according to the report of her very intelligent physician, Dr. Parker, was in no wise extraordinary, and up to 7 o'clock, A. M., on the sixth, she seemed to be doing remarkably well. About this time she suddenly complained of a distressing pain in one temple and eye, and total blindness. These symptoms in a few moments were followed by a paroxysm of convulsions. Dr. Parker soon arrived, and prescribed a teaspoonful of Hoffman's Anodyne, and twenty drops of tincture of hyosciamus every two hours. The convulsions

recurred at 12 o'clock, M., with increased force. In consultation by Drs. Davis and Parker, prescribed teaspoonful of Fl. ext. scuttellaria, twenty drops tincture hyosciamus, and five grains of iodide of potassium every two hours. At 5 o'clock P. M., convulsions again returned, when, as further council was desired, I was called.

In this consultation it was agreed that the patient should have the surface thoroughly and frequently sponged with tepid vinegar, and at the approach of a paroxysm to have chloroform by inhalation, until the symptoms should be subdued, and continue the mixture. It was also agreed that Dr. P. should remain with her until 10 o'clock, when I was to relieve him for the night. At quarter past 10, and just after Dr. P. had left me alone with the patient, a fearful paroxysm returned, and again at half-past ten o'clock. I tried the chloroform, but its inhalation was resisted with such wild violence that I thought it best to desist, so that each of these two paroxysms proceeded uninterruptedly, and I was assured that although the effort had been made to administer it under other circumstances, it disagreed with her so much that its effects could never be completely induced. I now added one-eighth of a grain of sul. morphia to each portion of the mixture. The administration of the medicine now, as it had been before, was very imperfect on account of the energetic exertion with which she resisted it, so that it is doubtful whether the full effect was at any time produced. At quarter-past 3 o'clock, A. M., the convulsions returned, and the paroxysm was repeated in fifteen minutes afterwards.

It seemed to me that as yet the symptoms had not been in the least degree influenced by the remedies, and I determined to try the effect of morphia in pretty full doses. I accordingly gave her a quarter of a grain, dissolved in a small quantity of water in a spoon, every two hours, and by holding her nose and literally drenching her, had the satisfaction to see the whole of it swallowed. This treatment, with the vinegar sponging, was continued until 6, P. M., when there being no return of the convulsions, it was deemed advisable to completely withdraw the anodyne, and give in its place a teaspoonful of

sweet spirits of nitre every two hours. At 9 o'clock A. M., of the 8th, consciousness had partially returned, and the bowels had moved spontaneously three times. Everything so far as we could judge was favorable to speedy recovery. Between 12 and 1 o'clock P. M., a paroxysm of irritative fever occurred, in which the pulse rose to about 120 in a minute, and there was considerable heat of skin. The fever subsided about 3 o'clock, A. M., on the 9th, with profuse perspiration.

During the paroxysm she took a pill containing two grains of calomel and one grain of opium every two hours. Fever returned at 3 o'clock in the evening. At 12 o'clock, Noct. Med., she began taking a pill of two and a half grains of sul. quinine every two hours. She took during the night and forepart of the day of the 10th, eighteen grains of quinine, which had the effect to prevent the recurrence of the fever. The patient pretty rapidly recovered from this time forward.

I regard this case as one clearly of uræmic eclampsia, and do not believe that there was anything of the apoplectic congestion, which used to be considered the invariable condition of the nervous centres in puerperal convulsions. One thing I could not fail to see, viz: the increased restlessness before the paroxysms, and at the same time hear tumultuous borborygma intestinalis. From these circumstances, with direction of the hands to the abdomen, I believed the restlessness arose from pain in that region, which in the highly excitable state of the nervous centres, produced by the toxemic, gave rise to the paroxysm. To express it otherwise, the intestinal irritation acted as an excentric excito-motor upon the nervous centres, through the reflex system of Sir Marshall Hall, while the irritability of the whole nervous mass being greatly exaggerated by the uræmia, convulsions were thus easily induced.

We sought in the sul. of morphia, through its anodyne influence, an extinguisher of the exciting cause and a paliative for the nervous irritability of the nervous system, arising from the toxemia; and I think, as will be apparent in the above narrative of the case, not in vain. For several hours after beginning the treatment, we anxiously watched the respiration and pulse for any circumstance that might arise indicating

narcotism or congestion of the brain. No symptoms however were perceptible that gave us any uneasiness in these respects. The respiration did not become suspiratory nor intermittent. nor the pulse slower and fuller. On the contrary, the respiratory function was performed regularly and calmly, and the pulse being irritable and wiry, became slower, softer, and more healthy.

Viewing these fearful attacks of puerperal females by the improved and increased light of science, emenating from the horde of enlightened modern pathologists and chemico-pathologists now in the field, I cannot but think we will find in our anodynes, as well as our anæsthetics, more important auxiliaries in their treatment than has hitherto been supposed.

Before closing my remarks on the above case, I cannot forbear to say, that while there are many cases that will bear and require depletion even to a considerable extent, opiates are not to be dreaded as much even in these cases as we have been taught by many able authors of past and present times.

I beg the profession to observe that here is one case in which the anodyne was the only efficient treatment used to overcome the convulsions, and it resulted successfully. It may be said, and perhaps not without justice, that the patient simply recovered without being cured; but I am persuaded, from the effects of the morphia in this case, to remember it in future as one of the remedies in puerperal convulsions.

There is one feature in eclampsia that seems to me to prove the reflex element is often quite active, and that is the periodical regularity of the return of the paroxysms. The measured intervals in very many cases enable us to predict within a few moments the time of their recurrence. It is in these cases we may most certainly benefit by the interrupting influence of the anodynes and anæsthetics. We should anticipate them by pre-occupying the nervous system with an opposing condition.

ANOTHER CASE.

BY THE SENIOR EDITOR.

In connection with the preceding, we give the following case as not devoid of interest:

Mrs. K., aged about 20 years, short in stature, full muscular development, and sanguine temperament; had passed through the full period of her first pregnancy in good health as her friends supposed, until the morning of the 7th of November, 1859. On that morning, it was observed that her face and neck were bloated more than usual; she had had frequent desire to urinate during the preceeding night; and some pain in the occipital region for several days. Between 12 and 1 o'clock of that day, she was suddenly seized with violent convulsions. I was hastily summoned to her bed-side, and found her just recovering from the state of insensibility which had followed the first paroxysm of convulsions. On inquiry, we learned that she had been troubled with disuria, and more or less edematous swelling of the face, neck, and extremities, for two or three weeks. She had no appearance of uterine pains, or vaginal discharge. The mouth of the uterus would scarcely admit the end of the finger, and the os was not soft or yielding to pressure. The temperature of the surface being increased, the head giddy and somewhat painful, and the pulse full and firm, I thought it necessary to abstract blood. While waiting for a bandage and bowl, another convulsion occurred very suddenly, and violently agitated the whole muscular system, until the face became very purple, and the pulse small and frequent. As soon as the muscular agitation had abated sufficiently, I opened a vain in the arm, and allowed the blood to flow until more than thirty ounces had been abstracted. The pulse becoming soft, the face pale, and the breathing more natural, the arm was tied up, and a powder, of calomel 10 grs. with 10 grs. of nitrate of potassa, was immediately administered.

The patient had vomited freely after the first paroxysm, and the vomiting recurred slightly soon after swallowing the powder. In half an hour after the bleeding, the patient recovered her consciousness, said her head felt better, and the respiration

and circulation became so much improved that we began to hope no more paroxysms would recur.

In less than an hour, however, another paroxysm of convulsion came on so suddenly that, though we were watching for that purpose, we were unable to anticipate it sufficiently to bring the patient under the influence of chloroform; and it proved quite as severe as either of the preceding ones. Feeling now confident that the paroxysms would recur until the patient was delivered, and the os uteri having become more soft and yielding, at my request Prof. Byford was called to advise in reference to the propriety of rupturing the membranes, with a view of inducing efficient pains and hastening delivery. Soon after his arrival, a fourth paroxysm occurred, during which the bandage was displaced from the arm, and another pint of blood was lost. She now remained unconscious, the pulse 120 per minute and small, the breathing noisy, and the deglutition difficult. Prof. Byford ruptured the membranes, and a considerable quantity of liquor amnii escaped, followed by regular, but not forcible, uterine contractions. At his suggestion, one drop of croton oil was administered every hour to induce speedy and free alvine evacuations, and the patient closely watched, in order to prevent the further convulsions by the inhalation of chloroform. Notwithstanding these precautions, however, the convulsive paroxysms continued to recur as often as every hour and a half; and as the os uteri became entirely relaxed, while the uterine contractions were inefficient, we gave a drachm of the fluid extract of ergot every half hour. Enemas were also used to hasten a movement of the bowels. Still, the labor advanced so slowly, that at ten o'clock in the evening, the head had but just fairly engaged in the superior straight of the pelvis, and the os frontis was found to be towards the pubes. In the meantime the pulse had increased to 150 per minute, was small and soft; the breathing somewhat stertorous, and the patient wholly unconscious. With the sanction of Prof. Byford, we now determined to complete delivery without further delay; and though the head was still high in the pelvis, we succeeded in adjusting Davis's long forceps to the head of the child, and at

half-past 10 o'clock, P. M., she was delivered of a full sized male child, but entirely lifeless; there being no pulsation either in the cord or the heart. The placenta was soon after expelled; the uterus contracted down firmly, and the hemorrhage was very slight. The patient being now very restless and feeble, we gave one quarter of a grain of sulphate of morphine, with the intention of repeating it every two hours. During the two succeeding hours she became gradually more quiet, the breathing more natural, the pulse a little less frequent, and we began to flatter ourselves that the danger was past, when suddenly another paroxysm of convulsions ensued, more violent, if possible, than those that had preceded delivery. They now continued to recur at short intervals until 4½ o'clock, A. M., in spite of the most assiduous use of chloroform, aided by anodyne enemas and sponging of the whole surface of the body with warm vinegar.

At half-past four o'clock in the morning of the 8th of Nov., the spasmodic action ceased, but the patient was left in a state of extreme exhaustion. The pulse was too small and frequent to be counted; the skin cool and covered with a clammy sweat; her countenance bloated and livid; and her breathing very stertorous and noisy from the abundance of mucous in the trachea and bronchial tubes, considerable quantities of which were forced out in a frothy condition, both from the mouth and nostrils. Deglutition was entirely suspended, and for half an hour the lower jaw was dropped and involuntarily thrust forward with each prolonged expiration like one dying. From this condition she recovered very gradually, being only able to swallow with difficulty at 6 o'clock, A. M. Apprehending serous effusion into the cavities of the brain, and infiltration of the lungs, from the severity and duration of the preceding spasms, we directed the following:

℞ Fluid Extract of Scuttellaria, ℥j.
Iodide of Potassa, ʒjj.

Take twenty drops every hour. Bottles of hot water were applied to the extremities, and as there had been no movement of the bowels, two more drops of croton oil were given during the morning. Her respiration and circulation improved

very slowly during all the forenoon. Still she remained wholly unconscious, respiration noisy, and deglutition difficult, until 3 o'clock, P. M., when the pulse again became extremely rapid and feeble, with symptoms of immediate fatal prostration. Having some whiskey in the house, we hastily mixed equal parts of milk, water and whiskey with some sugar, and succeeded in getting the patient to swallow three teaspoonfuls of it every fifteen minutes.

Soon after the third day she began to improve. The respiration was less noisy, and the pulse slower. Prof. Byford was again called in, and on his suggestion, gin in place of whisky was substituted, and the punch in doses of two dessert spoonfuls, was continued every half hour, and sponging of the surface with warm vinegar was repeated. No urine having passed since the patient was sick, we introduced the catheter about 11 o'clock, A. M., and drew off a pint of pretty clear urine.

The gin punch and sponging with vinegar was continued until the morning of the 9th, when the respiration and deglutition had become quite easy, and the pulse was reduced to 120 per minute. The bowels moved for the first time during the night, though she had taken six or seven drops of croton oil nearly twenty-four hours previously. Still the patient remained entirely unconscious. I again introduced the catheter, and removed nearly a quart of high colored urine. The punch was continued through the day once an hour, and one or two table spoonsful of chicken broth, between each of the doses. During the day the bowels moved so freely that two or three moderate doses of morphine were given to quiet them. In the evening, she for the first time since the afternoon of the 7th, opened her eyes and looked around with a wild or bewildered expression of countenance. During the night she voided the urine twice, and rested quietly much of the time. On the 10th, three full days from the attack, she for the first time became sufficiently conscious to recognize her friends. The pulse having regained a fair degree of strength, and the urinary secretion being free, the stimulant was gradually withdrawn, and the amount of simple nourishment increased. The lochial discharge was scanty but natural, and from this time the patient rapidly recovered.

A CASE OF TRAUMATIC ABSCESS OF THE LIVER, WITH THORACICO-ABDOMINAL FISTULA.

BY H. WARDNER, M. D.,
Demonstrator of Anatomy in Lind University, Chicago.

On the 13th of October, 1857, I was called at 2 o'clock, A. M. to see a man who had been wounded by a pistol containing two balls, about five hours previous. Found that one ball had entered over the ninth rib, just escaping its angle, and glancing from the bone could be traced about four or five inches under the integument, in the direction of the right nipple. The other ball had entered the body between the ninth and tenth ribs, about three inches from their angles. The hole made by this ball could not be traced more than an inch or so, and appeared to pass into the trunk. On the third day, I removed one ball, which I judged to be the first one mentioned, from the lower edge of the seventh rib, at the junction with its cartilage. The other has never been found.

When first visited, the patient was in much pain, with short and hurried respiration: but he apparently improved up to the time of removing the ball, at which time a cough was observed to trouble him, and the day following was accompanied by an expectoration of thick yellowish matter, occasionally streaked with blood. The treatment up to this time had been anodyne and antiphlogistic. The wounds kept open by a tent.

On the fifth day, a chill occurred, and returned for three successive days. Gave quinine in full doses.

Oct. 21st, eighth day. He had two chills, and for three days following the chills irregular and frequent, attended with watchfulness and restlessness. I concluded that these chills were in consequence of the formation of *pus* in the system, and consequently the patient was put upon tonics, with ale and wine and a generally nourishing diet, with expectorants and anodynes as circumstances required.

On the thirteenth day I learned that the patient had been very restless during the preceding night, and vomited considerable. The attendant stated, that during the vomiting wind passed from the lower or second ball hole, with nearly

sufficient force to blow out a candle. There was some feverish excitement at the time I saw him.

On the fourteenth day I found a free discharge of pus from the lower hole. On the day following the discharge had much increased. There was much restlessness. Gave anodynes and arterial sedatives. On the sixteenth day, bile was discharging with the pus.

On the seventeenth day, the patient was dull and feverish, the discharge had assumed a muco-bilious appearance, about the consistence of the white of the egg; there was occasionally streaks of mucous or albuminous discharge not stained with bile. The symptoms at this time were more unfavorable, bowels badly constipated, urine scanty and high colored, cough quite severe, with copious mucous expectoration; skin dry and feverish; intellect dull and occasionally wandering. These symptoms, however, all passed off after the action of suitable medicines. The discharge of bile continued for two weeks, gradually diminishing, and there was a watery serous discharge for ten days longer. The hole was then filled with "*proud flesh*," which, every day or two, would protrude an inch or more. This was removed by the knife as often as every two days, and the orifice cauterized with nitrate of silver.

Dec. 4th. "The wound has healed, and the patient is able to be up and walk about. The feet and legs were swollen at times, and the face has a bloated appearance. There is some cough, and a little expectoration of mucous." He was directed to use ale daily, also the calybeates, and iod. potassa, and to exercise as much as his strength would permit.

I saw the patient on the 16th of February, following. The dropsical symptoms had gradually disappeared; the face, however, was a little fuller than natural; eye dull and languid; said his appetite was good and bowels regular, but that he was easily wearied by any exertion.

This man has been able to work for a year and a half, and when last seen was in good health, and in the act of leaving the city, "a la Francais," without paying his doctor.

In considering this case, it is evident that the ball must have penetrated the right pleural cavity, passed through lung,

and also through the diaphragm into the liver; thus opening communication between the thoracic and abdominal cavities. The time from the injury to the formation of the abscess was sufficient for adhesive inflammation to unite the opposing peritonial and pleural surfaces, and a channel for the exit of pus through the wound was thus formed, so that there was no escape of it into either cavity. To this circumstance the man undoubtedly owes his life.

A wounded portion of the lung must have opened into the channel, giving passage to the air that was expelled during the emesis.

The biliary ducts must have been injured to a considerable extent. The subsequent dropsical symptoms led us to infer that the circulation of the blood through the organ was partly destroyed, either by the wound, or cicatrization, or both; and the final disappearance of these symptoms must have been owing to the re-establishment of the circulation sufficiently to allow the organ to carry on its functions in nearly a normal condition.

The man was troubled with a cough for nearly a year, particularly when exercising; this I attributed to the fact that as the liver, lower portion of the right lung, and diaphragm, were firmly attached to the thoracic walls by the cicatrized adhesions, motion of the body must necessarily produce irritation of those organs, until they become accustomed to their new attachments. The case I consider unique, and of interest in showing the *vis mendicatrix naturæ.*

ABSTRACT OF PROCEEDINGS OF THE CHICAGO MEDICAL SOCIETY.

The Society met, pursuant to notice, in the College Hall, Dr. Waite in the chair. Present: Drs. Hollister, Isham, Wickersham, Smith, Jones, Barrows, Allport, Peake, Graham, Andrews, Steele, and Prof. Deville, with a number of the Medical Students of Lind University.

Dr. Davis being absent, Dr. Steele was appointed secretary

pro tem. The minutes of the last meeting were next read and approved.

Prof. Deville, having been proposed, was duly elected a fellow.

Dr. Steele, the essayist of the evening, read a paper on the pathological effects resulting from the ingestion of alcohol, demonstrating how the usual functions of the nervous system were increased or perverted without a corresponding excitation of the vital properties; and that these vital properties being lowered down, how the tone and strength of the system was impaired—the processes of the metamorphosis of the tissues, and the production of animal heat being retarded; and how, that alcohol by its peculiar affinity for the albuminous constituents, enters into combination with all the tissues, producing by its presence in the blood two distinct and separate pathological conditions, which give rise to what we are pleased to call delirium tremens. The one supervenes upon high stimulation in robust healthy constitutions, unaccustomed to regular indulgence; and either from the quantity ingested in a short space of time, or because the individual is more susceptible to its effects, we have direct irritation upon the stomach and brain producing a morbid susceptibility of the nervous system, with organic force sufficient to give "active manifestation to the symptoms." The second we have occurring in those who have had previous attacks, and are worn out through the influences that were shown to result from the secondary effects of the predisposing cause, producing all the effects of a perverted susceptibility, without organic force sufficient to give active manifestation to the symptoms, and the vital powers yield with a futile attempt to respond to the excited impression made upon them.

Concerning the treatment, the Doctor recognizes *three* general indications to be fulfilled.

1st. The depuration of the blood of the hydro carbonaceous material floating in the system. 2d. Allaying the consequent morbid susceptibility. And, 3d. Restoring the balance of nutrition by giving support to the organic functions.

The use of ardent spirits was deprecated in full terms in the

sthenic form, as only serving to exasperate its tendency; and also in the asthenic, he considered that the general indications could be most readily fulfilled by withholding the accustomed stimulus. The other two indications could conjointly be the most successfully reached by recruiting the blood with rich pabulum, and by the exhibition of such remedies as are well-known to exert a quieting influence in overcoming the morbid susceptibility, and giving power and efficiency to the organic properties in restoring the secretions, and thereby depurating the blood and equalizing the circulation. He further considered, that opium was not the only remedy to fulfil the indication, but remarked, that the internal administration of chloroform combined with ti. opii. had been followed by the most desirable effects in several cases. It served to allay the morbid susceptibility by producing, as it were, anæsthesia of the sensory nerves, and exciting a paralizing influence on the muscular fibre, and that too without depressing the "organic functions;" differing in this respect from the ordinary sedatives, but acting seemingly as a powerful anodyne and mild stimulant.

The views set forth in the essay provoked an interesting discussion, which was participated in by Drs. Deville, Hollister, Isham, Graham, Smith, Waite, Andrews, Wickersham, Fisher, Steele, and Prof. Taylor.

The sanitary reports being called for, Dr. Wickersham, of the South Division, the only one of the Committee present, asked to be excused until the next evening.

The question, "What are the characteristics of the fevers prevalent in the city the present autumn?" was read, and the discussion opened by Dr. Waite. Dr. Wickersham in the chair. The disputant remarked that he had very little or no experience in the treatment of the fevers of the present autumn, in the city.

A motion was made by Dr. Isham, and carried, to defer the further discussion of the subject until the next evening.

Dr. Isham next exhibited to the Society a mass of fibrous tumors of the uterus, which he accompanied with a verbal history of the case, and description of the specimen, the outlines of which were as follows:

"The subject from whom this was taken some months ago, was 42 years old; had had one child, now living, 22 years of age. She always menstruated regularly up to death, and did so only two weeks previous to that event. She first discovered this tumor in the left iliac region 17 years ago, since which time it has regularly increased in size, and when I saw her, it filled the pelvis, extending above the umbilicus, and could be felt as a large irregular mass, which, floating in a serous effusion, enormously distending the abdominal walls, readily yielded to pressure and gave the feeling similar ballottement. There was great œdema of the lungs, accompanied by dyspnea from the upward pressure; also serous effusion, greatly distending the limbs, from pressure below. She was unable to sleep, except in the upright position, and under the influence of anodynes.

Being urgent for relief, and satisfied that she could not live another twelve hours without, as she said, I taped the abdomen, and drew off twelve quarts of clear serous fluid, and bandaged her, leaving her comfortable; she passed a good night, greatly relieved and refreshed thereby.

She lingered for nine days longer, when she died from syncope, whilst in the act of defecation at her bed-side, without any pain or struggle, so quietly that her son, who was in the room at the time, was unaware of the fact until he went to assist her back to her bed.

In removing the tumor at the autopsy, it was noticed that there were no adhesions, and was separated from its attachments without difficulty. There was some fluid in the abdomen, with occasional patches of recent lymph upon the peritoneum. There were also effusions in the pleura and pericardium, and œdema of the lungs. The weight of the mass is 12½ pounds, consisting of an infinite number of fibrous tumors, varying in size from a pea to that of a melon; whilst in the structure of the uterus and from its outside, quantities of these tumors are found existing as encysted or pedicellate; the internal or mucus surface of the uterus is quite healthy and normal in appearance. The largest of these tumors weighs about 6 pounds, and some of the encysted appear to be encased in a shell of calcareous matter, containing no bone, but porous like the pumice stone.

The Doctor also called the attention of the Society to the fact, that as this patient had only one child, so also on examination of the ovaries, which were natural, was to be found a well-marked corpus luteum, exhibiting all its characteristics in a marked degree. In other parts of the ovaries were to be seen graaffian vesicles in the different stages of development, one of which had apparently burst but a short time previous to the death of the patient.

This specimen is deposited in the Museum of Lind University, and was referred to a Committee, consisting of Drs. Deville, Isham, and Andrews, to report at some future meeting more freely upon its microscopic character, and the pathology of fibrous tumors.

Dr. Hollister also presented a very interesting specimen; showing almost an entire cast of the trachea, as far as the bifurcation, and extending into the small ramifications of the bronchia. It was hollow throughout, and it was evidently fibrous in its organization.

On motion, the Society requested Dr. Hollister to accompany the specimen with a more detailed report on the character and treatment of the diptheritic affection as observed in his practice, at the next meeting.

The following resolutions were next offered by Dr. Wickersham, approving of the establishment of a College of Pharmacy in our city:

Whereas, As we learn that there has been a College of Pharmacy established in this city, where apothecaries may be taught to distinguish between pure and impure medicines, and the improved methods of compounding them, Therefore,

Resolved, That this movement receives our warmest approbation, and as we feel ourselves directly interested in its success, we will regret if anything should arise to dim its lustre, or to render it less efficient than its most sanguine supporters believe it will be.

Resolved, That as the experience of every medical man has proved that we have in our midst many so-called pharmaceutists who are inefficient and incompetent to perform the important duties of their calling, we will in our professional capacity have additional confidence in those who avail themselves of the opportunity that now offers to make themselves adepts in their profession.

Dr. Andrews invited the Society to attend the microscopic entertainment of the Academy of Sciences, on tuesday evening next. Also an invitation was read to attend the Introductory Lecture before the College of Pharmacy, by Prof. Rauch, M. D.

Dr. Allport extended an invitation to the Society to meet at his residence the next regular evening. On motion, the invitation was cheerfully accepted, and the Society adjourned.

E. A. STEELE, *Sec'y pro tem.*

EXTRACTS FROM THE RECORDS OF THE CHICAGO ACADEMY OF MEDICAL SCIENCES.

(S. C. BLAKE, M. D., SEC.)

August 1st, 1859.

Dr. Miller reported two cases of diphtheria, which disease has been prevailing to some extent in this city. The disease was ushered in by chill and fever; tonsils and fauces edæmatous, and of a livid color, with dirty yellow membranous exudations.

Dr: Macalister reported four cases in his own practice, and stated that there had been three cases of death from the same disease in his neighborhood, treated by an undergraduate.

Dr. H. N. Hurlbut reported three cases which had occurred in his practice.

Dr. Macalister adopted the treatment recommended by the "*London Lancet*" in his cases, and found it to be very successful, viz: sesquichloride of iron and chlorate of potash internally, and the hydrochloric acid as a local application.

Dr. Holmes read the report of a case of spontaneous gangrene which occurred in Dr. Schlœtzer's practice.

Dr. Holmes stated that Dr. Virchrou had found in a number of post mortem examinations, that the arteries just above the diseased part were plugged with fibrinous clots; and it was the opinion of Dr. Virchrou that these clots were formed in some of the larger trunks of the arteries, and perhaps in the heart itself, and were floated down to the bifurcation of the arteries, where they were found, thus arresting the arterial circulation.

Dr. Ingals thought the clots might have been formed in consequence of diseased arteries, the blood becoming arrested in its course, and thereby forming fibrinous clots which finally plugged the vessel.

Dr. Holmes replied that the cases almost always occurred suddenly, and in the cases above referred to as examined by Dr. Virchrou, the arteries surrounding the clots were healthy.

Dr. Macalister related a case which he saw in the Albany Hospital, the patient having suffered from menorrhagia.

Dr. Bloodgood spoke of a case which he once saw, where the gangrene commenced in the toes and extended throughout the entire limb, and therefore he thought could not have been produced in the manner related by Dr. Virchrou.

Dr. Miller thought the theory of the formation of blood clots in the heart might also account for the sudden death of parturient women on raising them towards an erect position soon after severe flooding.

Dr. Bloodgood did not believe the above to be the cause of death in such cases as had been mentioned by Dr. Miller, from the well known fact that many of such patients, after fainting and insensibility had occurred, were restored by placing them again in a horizontal position.

On motion of Dr. Hamill, voted to change the time of holding the regular meetings of the Academy to the first Friday evening of each month.

On motion of Dr. Davis, voted to instruct the secretary to print the fee table.

Oct. 7th. Dr. Holmes reported two very interesting cases of injury to the eye.

Dr. Chas. G. Smith exhibited a very interesting specimen of salivary calculous.

Nov. 4th. The annual address was delivered by Dr. James Bloodgood; and on motion of Dr. Rauch, a copy was requested for publication.

Dr. Fisher reported a case of necrosis of the inferior maxillæ. Dr. Fisher removed a sequestrum, which he exhibited to the Academy.

Dr. Fisher exhibited a very fine specimen of necrosis of the

head of the fibula and tibia, and lower extremity of the femur, resulting from bad treatment by an irregular practitioner. Dr. F. amputated the limb.

SELECTIONS.

Surgical Cases in the Hospital at Milan.

[Prof. Paul F. Eve, of Nashville, Tenn., who has recently returned from a tour in Europe, visited, while there, the places which have been made famous by the events of the late Italian war. The hospital at Milan, in which many of the wounded were received, with some notice of the more interesting cases observed, is thus spoken of in Dr. E.'s correspondence with the *Nashville Journal of Medicine and Surgery.*]

We were fortunate in procuring the services of a sub-officer, who described the particulars of the battle fought at Magenta on the 4th of June. To some soldiers who returned to the railroad station while we were there, he asked, "have you seen any feet to-day?" Upon inquiry what was meant, he replied that even up to the present time, fifty-two days since the attack, owing to the heat and the slight covering of earth, corpses were occasionally exposed.

We arrived at Milan, about twelve miles beyond Magenta, at 2, P. M. Here 17,000 wounded have been received, from Solferino alone. At St. Ambrose there were 1,700 at one time, and 700 still remain. Baron Larrey, son of the old Baron under Napoleon I., to whom Dr. Dunglison kindly gave me a letter, and whom I knew in Paris as a student twenty-five years ago, told us there were twenty-one hospitals in Milan. He gave orders for our reception at every one, but, ot course, as we could not see all, we choose the three largest and most interesting.

In the two days spent here we noted the following cases: At St. Ambrose, built in the sixteenth century, the one of greatest interest was that of a soldier shot twice at Milegnano, more than forty days ago. One ball fractured the third rib, perforating the right lung and traversing the thorax. A second one fractured the surgical neck of the humerus on the same side. No union having taken place, it was determined to exsect the head of the bone. With a double edged knife the track of the bone was followed, and by a crescentic incision from above downward, and from within outward, a large flap was made of the deltoid muscle and integuments. The head

of the bone was then taken out of the glenoid cavity, and the bone below the fracture sawed off. The case was doing well, and the surgeon in charge was quite proud of it.

At the great civil hospital, with three thousand beds, we noticed four cases of compound fracture of the thigh, under Surgeon Michili. One had a ball through the upper third of the femur, which was badly shattered. The patient was brought in from Magenta, and this is now the fifty-sixth day since he was wounded. To-day the opening made by the entrance of the ball was enlarged, and gave exit to a large quantity of pus. The limb is in splints. No union of bone. Many spiculæ have been removed. His recovery is doubtful. 2d case.—The ball also fractured the upper third of the femur, and has not yet been found. Incisions have been made, and there is now free suppuration. Result of case also doubtful. The patient complains most of his heel, where there is a large ulceration which has bled occasionally. Was wounded at Magenta. 3d case.—Wounded by a ball through the lower third of the thigh, involving the knee-joint. Has diarrhœa, with free suppuration about the injured parts. Have little expectation of his recovery. 4th case.—The ball traversed the upper part of the left thigh, at Magenta. Is doing well, and there is little doubt of his recovery.

Saw also here a patient coming from Solferino, having a ball to strike the olecranon, and pass out at the inner side of the limb, opening the joint. Doing well, with prospects of anchylosis. A ball traversed one side of the spine without injuring it, and has been lost on the other side. A ball struck the spine of the tibia in another case, and was divided by it, each portion coming out in the calf of the leg. A soldier received a ball at Solferino, to the left of the median line of the upper lip on the left side; it came out in the parotid region. With the exception of a salivary fistula, he is doing well. Another at Milegnano had a ball to traverse the left pleural cavity and come out at the inferior angle of the shoulder blade. He had no hæmoptysis, but there is some suppurative action going on near the wound of exit. This was freely laid open to-day. Another is here with a wound made by a ball passing under the outer third of the right clavicle. The right upper extremity of this side is partially paralyzed, with irregular nervous paroxysms, for which nothing as yet has afforded entire relief. At Solferino, a soldier was struck upon the right zygomatic arch, the globe of the right eye ruptured, and the nose at its base perforated, the ball escaping just under the left eye. Is doing well. Found here also two cases of fractured jaws. The one in the inferior was made by a ball striking the middle

of the inferior lip, fracturing the bone, and making its exit near the mastoid process of the right side. This occurred at Magenta. After removing spiculæ of bone, there has resulted good union of the inferior maxillary. In the second case the ball passed through the entire upper jaw, from side to side, including the hard palate. The large opening between the nose and mouth is now closed by a gold plate and artificial teeth. For a ball passing through the ham and injuring an artery, with subsequent formation of an aneurism, the femoral artery was tied at the usual point of selection, on the 20th of July. Apparently doing well. Observed here, too, a case of tetanus. The patient was shot at Solferino, by which the tibia was fractured. This was on the 24th of June. The attack of lock-jaw commenced fifteen days ago, and the surgeon in charge ascribes the relief to *muriate of baryta*, given, I think he said, in 6 grains to 20 or 30, three times a day. By this remedy he told me he had cured four cases. The tetanus is pretty much confined to the side wounded. He has, moreover, violent contractions of the leg upon the thigh, and then chloroform is inhaled. The patient is able to take nourishment freely. The last case in this hospital which I recorded the notice of, was that of a Captain, with a thigh greatly shattered by a ball at Milegnano, on the 8th or 12th of June. The surgeons proposed at once to amputate the limb by candle light, to which he objected, when he was brought to Milan, and seventeen hours after being wounded the operation was performed in the middle third of the femur. He is now nearly ready to return to la belle France. These four last cases were under the care of medico-chirurgo Gustavo Tassani, of Milan.

At the Hospital of St. Prassede I collected the following facts: A patient wounded at Magenta, had a severe hemorrhage from apparently one of the articular arteries about the knee, 31 days after being wounded. There is now great infiltration in this extremity. I much apprehend here loss of limb or life. The ball passed through the knee-joint. A ball entered left commissure of mouth, fractured the jaw near the angle of the same side, and passing out, went through the neck above the clavicle, and out near the scapulæ. Patient is doing well. At Solferino the elbow joint of a soldier was traversed by a ball, and now, notwithstanding every attention, it has been agreed that amputation must be performed. In another, the same ball passed through both calves of the legs, making four wounds without fracture. The first struck has healed soonest, but in the last one wounded, the union has been interrupted by foreign substance in it, for yesterday a piece of clothing was removed from it. A wrist-joint, perforated through and through, antero-

posterior, has been saved, the patient being now nearly well. It is true the bones of the carpus may yet inflame and ulcerate. —*Boston Medical and Surgical Journal.*

Cure of Spina Bifida by application of Collodion.

In a late number we alluded to Dr. Brainard's success in the treatment of spina bifida by iodine injections. A case which was cured by the application of collodion is reported in the *Journal fur Kinderhrankheiten.* The child was seven weeks old, and the tumor was of the size of a small orange. When the fluid was pressed into the spine, the patient had pain, and the muscles of the face were convulsed. The tumor was covered with collodion, at first mixed with an equal quantity of castor oil, afterwards with a mixture of three parts of collodion and one of oil, and finally with pure collodion. The tumor disappeared at the end of three weeks. The patient was treated by Dr. Behrend. "It should be added," says the reporter, "that the child having presented cerebral symptoms, was also treated with calomel, to which, perhaps, a share of the cure is due." We should be inclined to doubt this assertion. In our opinion the calomel was at least nugatory, if not injurious to the progress of recovery.—*Boston Medical and Surgical Journal.*

Remarks on Lycopus Virginicus, Prinos Verticillatus, and Epiphegus Virginianus. By Charles A. Lee, M. D.

Lycopus Virginicus, (*Bugle Weed: Water Hoarhound.*)—The natural order, *Labiatæ*, to which this plant belongs, includes a large number of plants, which have been employed, from a very remote period, as aromatic cordials and stimulants. Some of them are still retained, though many have been abandoned in modern practice. They all owe their activity to volatile oil, bitter extractive, and astringent matter. The volatile oil is found in small receptacles, or globular glands, contained in the leaves, in the form of an *oleo-resin.* The *bitter extractive* is found in all the Labiatæ, and to this principle they owe their bitterness. If we add a ferruginous salt to an infusion of some of the Labiatæ, a green color is struck, which indicates the presence of *astringent matter.* Their aromatic, carminative and stimulant properties are owing to *volatile oil;* their tonic and stomachic, to *bitter extractive,* or a peculiar bitter principle. The small quantity of tannic or gallic acid which they contain only serves to increase their tonic properties. Some of them

are employed in perfumery, some in cookery; while others are used in medicine, to relieve nausea and colicky pains, expel wind, prevent or relieve griping, and cover the taste of unpleasant remedies. Although volatile oil is the predominate proximate principle in the plants of this order, yet some of them contain so large a quantity of bitter extractive as to render them highly valuable as stomachics and tonics; others possess peculiar, specific properties, adapting them to fulfil certain special indications. Among this latter class may be ranked the Lycopus Virginicus.

The European species has long been celebrated as a powerful febrifuge and astringent, well adapted to the treatment of fevers and hemorrhages, while the American species has but recently been introduced into practice. The bugle weed is a common, well-known plant, growing in shady and wet places, in most parts of the United States—flowering in August—and is often confounded with the *Lycopus Sinuatus*, or water hoarhound, whose medicinal properties, though similar, are far inferior to those of the Lycopus Virginicus. The whole plant is officinal, and has a peculiar, aromatic odor, and a disagreeable bitter taste.

Chemical Composition.—Although the bugle weed is officinal, occupying a place in the secondary list of the United States Pharmacopœia, its chemical composition had not been accurately ascertained until the recent analysis in your own laboratory. This shows that, in seven thousand parts, it contains—

Of inorganic matter,		128
Of organic matter,		6872
Total,		7000
Gum and albumen,	248	
Tannin,	40	
Bitter principle, soluble in ether,	25	
Particular bitter principle, insoluble in ether,	696	
Sugar,	120	
Extractive,	232	
Starch,	172	
Clorophylle,	220	
Soluble Salts,	26	
Insoluble Salts,	102	
Lignin,	5120	
	7000	

The large amount of bitter principle contained in the plant is worthy of particular note, viz: seven hundred and twenty

parts in seven thousand, or more than ten per cent; while the amount of tannin is inconsiderable. It contains no gallic acid.

Therapeutical Properties and Uses.—From the large proportion of bitter and astringent matter we might safely infer its tonic properties; but, in addition to its tonic astringent power, it possesses a narcotic virtue, though not of an active kind. The peculiar alkaloid, or oleo resinoid principle, to which it probably owes its tonic qualities, has not as yet been separated in an isolated form; the *lycopin* of some manufacturers being a powdered extract mixed with salt and other impurities. The lycopus, in certain pathological conditions, is a very valuable sedative astringent, especially adapted to cases of hemorrhage attended with frequent pulse and great nervous irritability. In such cases it often seems to prove specific, acting promptly and with great certainty in allaying irritability, while it controls the hemorrhage. It evidently strikes at the pathological cause, removing or correcting that morbid condition of the vascular and nervous system on which the hemorrhage depends; while it increases the tonicity and contractility of the minute capillaries, it diminishes the *vis-atergo*, by which the blood is propelled into them. The wild cherry bark possesses similar properties, though less strongly marked. We have used the lycopus successfully for many years, in hæmoptysis, hematemesis, mennorhagia, etc., sometimes alone, at others in conjunction with other remedies; and we have come to regard it, in certain cases, almost in the light of a specific. We are inclined to consider it best adapted to cases of bleeding from the lungs, though some practitioners regard it as most efficacious in hemorrhage from the stomach. It has been known to arrest epistaxis, when all other remedies have failed. Certainly, as a popular remedy in spitting of blood, there is no indigenous production that ranks so highly as this. Its great power, as already stated, is doubtless owing to its sedative influence over the circulatory and nervous system, while, at the same time, it constringes the smaller vessels. The late Prof. Rafinesque, whose knowledge of our indigenous botany was very accurate and extensive, remarks as follows:—"I consider the bugle weed a very good substitute for all narcotics, prussic acid, and even bleeding, since it produces the same state of the pulse and arterial system, without inducing any debility, or acting on the heart and brain in any injurious manner." While we do not admit that any vegetable remedy is a perfect substitute for blood-letting, in all cases, it must nevertheless be conceded that the bugle weed will moderate the force and frequency of the pulse, and thus accomplish one of the important indications of bleeding, unattended with the danger of relaxing the minute

vessels—the source of the hemorrhage. We have called the lycopus a *tonic*, though its tonic properties are not strongly marked. In this respect it yields to the cerasus; it checks the secretions like most astringents, while it quiets the circulation and allays inordinate irritability. These properties render it useful in most cases of excessive flux, associated with such a condition. Besides the various forms of hemorrhage above mentioned, it will be found well adapted to many cases of diabetes, senile cough, humoral asthma, chronic diarrhœa, etc. In the latter, when caused by irritation, it proves particularly serviceable, after thorough evacuation by castor oil. The European species has been found very efficacious as a remedy for intermittents, given in powder previous to the access, and it is very probable that our own spices possesses similar properties. It seems to have been used from time immemorial, as it is mentioned in the most ancient records. It forms a very good black dye, and Withering says that gipsies stain their skin with it.

The physiological effects of the bugle weed are such as might be inferred from what has been already stated in regard to its therapeutical effects. Taken in health, in the form of a strong infusion, in doses of a wine-glass full every two hours, it abates the force and frequency of the pulse, without nausea or cerebral disturbance, while at the same time it causes slight constipation.

Preparations.—Infusion, decoction, fluid extract, syrup, tincture. The infusion, made by pouring a pint of boiling water to an ounce of the dried plant, is the most frequent form of administration. Of this, in hæmoptysis, a wine-glass full should be given as often, at first, as every half-hour or hour, according to the urgency of the symptoms. The *fluid extract* from your establishment has proved a reliable preparation, in doses of from one to two drams every two hours. A good extemporaneous infusion is made with one ounce of the fluid extract to one pint of water; dose, two to four ounces. The syrup may be prepared from the infusion, or by mixing three ounces of the fluid extract with twelve ounces of simple syrup; dose, one to two ounces.—*Journal of Materia Medica.*

Employment of Veratria in Acute Diseases of the Chest.

M. Aran has called the attention of practitioners to the remarkable effects produced by the internal use of veratria in febrile diseases, and especially pneumonia. In the Sardinian Medical Gazette an article has appeared, in which Dr. Ghiglia, without any knowledge of M. Aran's researches, recommends

the use of veratria in the same circumstances, except that he never employs this alkaloid alone, but associates it almost always with opium, sometimes in the form of pill, sometimes as a syrup. The dose of veratria is five millegrammes (.077 of a Troy grain) in a pill, with the same quantity of opium, and the number of pills to be taken in the twenty-four hours varies from six to seven, and even twelve, according to the circumstances. In this dose, according to M. Ghiglia, vomiting rarely occurs, but nausea and the other depressing effects of veratria are present. The results obtained by M. Ghiglia in certain cases of pneumonia, bronchitis, and broncho-pneumonia have been sometimes most remarkable, and the following are the results arrived at by this author:—"1. The inflammation of the respiratory organs, when they have arrived at such a period as to produce disorganization of the parts, are not improved by the use of veratria. 2. The action of this substance is the more favorable in proportion as the disease is more recent. 3. The tolerance is very various, according to individual habits, and perhaps also according to certain peculiarities which are not well understood. 4. The more easily the tolerance ceases the more marked is the depression. 5. Veratria is, in many respects, a preferable medicine to others which are more constant in their action but less easy to take. And 6. It is perhaps prudent, in severe inflammations of the respiratory organs, to order a few bleedings before prescribing the veratria.—*Bulletin General de Therapeutique, January* 30, 1859.

Employment of Tannin in Large Doses in Albuminous Anasarca. By Dr. P. Garnier.

Although the internal use of tannic acid is still very limited in France, its employment in large doses has been much recommended lately in other countries, and has been extended to numerous cases which, while proving its innoxious character, appear to exhibit it as possessing some totally new properties. It has been shown to be useful in all cases where it is required to arrest hemorrhages, to give tone to organism, or to remedy morbid secretions. It has been employed, for example with great benefit, in albuminuria, diabetes, and serous infiltrations.

From these considerations, Dr. Garnier has been induced to employ tannic acid in the albuminous anasarca consecutive to scarlatina; and he adduces several cases illustrative of this mode of treatment, drawn from his own experience and cases reported by other physicians. The cases all prove that in the general serous infiltration of the tissues complicated with albu-

minous urine there is a rapid and simultaneous disappearance of these two morbid phenomena under the influence of tannin alone, administered in a large dose. The conclusions drawn by Dr. Garnier are, that tannin, employed in doses of two to four grains a day (℥ ss. to ℥ j.) cures anasarca or œdema developed passively and occurring simultaneously with albuminous urine; that its curative action is manifested by abundant urine, gradually resuming its physiological characters, by perspiration, easy alvine evacuations, return of appetite, etc.; that these signs appear from the second day of the administration of the tannin; that, given in solution in doses of twenty to fifty centigrammes at a time, tannin causes no unfavorable symptoms affecting the digestive passages; and lastly, that the action of tannin appears to be exerted primarily upon the fluids of the economy, the albuminous principles of which it coagulates and renders plastic, and that its consecutive action on the solids appears to be tonic and astringent.—*Archieves Generales de Medicine, January*, 1859-

---

Saline Injections in Diptheritis.

M. Roche states that he has been successful in some cases in which he has tried the injection of a solution of chloride of sodium into the throat, that in his next case he is disposed to employ it as the sole means of treatment. He practices, in fact, a continuous, or almost continuous, irrigation of the throat, by means of Eguisier's irrigator, provided with a canula having a very small jet. He believes that it is in such irrigations, whether employing salt, alum, or the chlorates, we should seek for curative agents.—*Union Medicale.*

Syrup of Iodide of Potassium in Syphilis.

M. Basin gives iodide of potassium in this disease, in doses of five to seven and a half grains, till seventy-seven grains are given. Seldom had occasion to give more. He prefers the following formula:—

℞	Bi iodide of Mercury,	3 grains.
	Iodide of Potassium,	2½ drachms.
	Syrup of Saponaria,	18 ounces.

Dose—Begin with two teaspoonsful, twice a day, and increase until four teaspoonsful are taken at a time.—*Journal of Materia Medica.*

BOOK AND PAMPHLET NOTICES.

LECTURES ON SURGICAL PATHOLOGY. By James Paget, F. R. S. Second American Edition. Published by Lindsay & Blakiston, Philadelphia. 1860.

This work is a reprint of the previous edition, without material modification, but as it is not yet in every library where it should be, a brief notice of its contents may not be out of place. These lectures were originally delivered at the Royal College of Surgeons, England, and have been enlarged for the press.

The first fifty pages are devoted to a consideration of the nature, purpose, and conditions of nutrition. The positions of the author are illustrated by a variety of cases of pathological nutrition, both in men and animals. After this there is a full discussion of the subjects of hypertrophy, atrophy, the reproduction of lost parts, and the repair of injuries. The principles and processes of these several conditions are richly illustrated by cases from human and comparative pathology. The subject of the repair of bones and tendons is treated with great interest.

Inflammation, with its various products and consequences, next follows, with a pretty full consideration. Morbid growths are next in the order, including the innocent and malignant tumors, and tubercles. These subjects are fully illustrated with engravings, and the cuts showing the microscopic appearances of malignant growths are peculiarly valuable.

Some of the conclusions in this work are not true, others are doubtful, but in the main it is the best and most complete treatise on surgical pathology extant.

E. A.

TRANSACTIONS OF THE ILLINOIS STATE MEDICAL SOCIETY, held at Decatur, June 7th and 8th, 1859. Pages 146.

If the merits of a volume were to be judged of by its size, we should not be disposed to pronounce the Transactions as a very valuable contribution to our medical literature. But as we have progressed in the examination of its contents, our anxiety has given place to a feeling of satisfaction, that as

meagre in size as it is, still the volume lacks none of the interest and merit of its predecessors.

After the usual proceedings, we find occupying the first few pages the Valedictory Address of the retiring President, in which was presented, in Dr. Johnson's peculiarly felicitous style, the subject of human dissection, and the interest which the people of any community should feel in the pursuit of anatomical studies. In answer to the various objections that are urged against the only successful mode of studying practical anatomy, the Doctor remarks, that "it was not mere curiosity that actuated the student in the daily pursuit of his favorite science, nor was it so much to meet the claims of abstract science; but that there was a necessity of a personal practical acquaintance with the structures of the human body, as the qualification for the successful discharge of the claims society is constantly demanding of the physician." And "as there are those who are bound to society by no ties but those of our common humanity—or are in our prisons and almshouses—whose bodies are unclaimed, and whose graves will remain undistinguished—if by legislative enactments, authority should be granted to those having charge of such institutions, to deliver after death, the bodies of those who might remain uncared for, to organized medical colleges, and such regular physicians and surgeons as might apply for them, and as in the judgment of the authorities were persons of suitable discretion, the demands of society and the interests of humanity would be fully met, without doing violence to the feelings of surviving friends, or the natural respect which all men feel for the dead." Now, if this is the practical plan, it behooves every member of the profession and of society at large to early secure in some way the legalization of anatomical studies. And, then, no longer would we see the strange inconsistency of our laws, with reference to professional skill and qualification. Nor would there be laws by which every physician and surgeon is made liable to suits and heavy damages for mal-practice if he do not exercise skillfully that knowledge of practical anatomy, for the acquiring of which, he is now subjected to heavy penalties, and public sentiment deems him guilty of a

high crime and his name is associated with felons and murderers. And, if instead of making the taking of bodies from the potters field a penitentiary crime, the next legislature would pass a law similar to one enacted and in operation in New York and Massachusetts, the public at large would rest in full security, cherishing the memory of their dead, and undisturbed by any fears as to the sanctity of their last resting place."

In conclusion, we have only to express a wish that every member of the next legislature of our State should be supplied with a copy of this excellent address, for it will exert a powerful influence in educating public sentiment, and in obviating the trivial and superstitious objections that are urged against the study of practical anatomy.

The next fourteen pages we find occupied by a report on the Sore-Mouth of Nursing Women, by J. H. Hollister, M. D., Chicago.

With a brief abstract of the literature of this affection, the writer passes to the consideration: 1st. That it is a disease of very general occurrence in some localities, while it is not known in others. 2d. That females alone suffer from it; and then only during the periods of gestation and lactation, and sometimes there is a recurrence after lactation has ceased. 3d. That the intensity of its development is very uniformly dependent upon an impoverished condition of the blood; and also a diminution of a red corpuscles—and that it assumes an epidemic form from a concurrence of influences which depress the vital powers. That its three forms are but the different manifestations of the same disease, and that the erythematous variety is migratory in its character; and any of the mucous membranes are liable to its metastasis, while the common complications are to be met with in the lungs, stomach, and bowels. In the treatment, the general indication is to be attained by a generous support of the vital powers by all the means at our command, and in addition to this, "the suppression of the lacteal secretion may be imperative."

The report of the Committee on Obstetrics and Diseases of Women and Children occupies some fifty pages, and is made up of several interesting original cases, and one essay on the

use of "Chloroform in Parturition." The design of the Committee seems to have been "to make the report original, corresponding more nearly with the design of the appointment, while it is really adding something to medical literature." The arrangement of the subjects is such, that each case presents something of the distinctness of a separate report upon the cases presented; among which may be cited a case of Pelvic Abscess, by Dr. Byford, the chairman of the Committee; together with a singular case of extensive abscess of the ovarian region, by Dr. Noble. Cauliflower Excresence of the Os Uteri, with two cases. Placenta Previa, with case. A case of extensive wound of the abdomen during pregnancy, reported by Dr. S. H. Luce. We next find an interesting contribution from the fertile pen of Dr. A. Hard, of Aurora, of six cases of Monstrosities and Mal-formations, and one of Puerperal Convulsions, that presents the peculiarity of treatment by Ti. V. Viride, with free bleeding, by which means the pulse became slower and the labor progressed favorably. Then follows a communication of interesting cases of Puerperal Convulsions, complicating labor, by our fellow-townsman, Dr. V. L. Hurlbut. Ovarian Tumor, complicating labor, by the Chairman. Also a case in which there was a rupture of the uterus during the progress of labor. A case of the poisoning of the mother through the absorption of a decomposing fœtus, as furnished by Dr. J. H. Woodworth, of Chicago; and in contrast to which, is another case by the Chairman, in which the mother carried the fœtus 51 days after its death without any apparent inconvenience, and then had a good delivery; and the Doctor remarks that the fœtus had gone farther in decomposition than in the case of Dr. Woodworth's, but it was of the adipocerous nature.

In conclusion of the report we find a very interesting and well written essay on the use of Chloroform in Parturition, by Dr. Young. There is certainly no subject in the whole range of obstetrical practice of equal interest or importance. Under what circumstances should anæsthetic agents be administered to patients in the throes of labor? Should they be given in natural, or only in protracted instrumental cases? What are the dangers attending them, and how may they be most suc-

cessfully guarded against? These, and many other questions, are continually presented to the mind of the practitioner, and the great mass of the profession are still in doubt and anxiety in regard to their solution. After discussing the safety and efficiency of chloroform, when judiciously administered; the various advantages that follows; the more perfect control of the uterus after delivery, and the consequent diminished liability to hemorrhage; the essayist concludes, that since the cases in which the anæsthetic agents have been administered are numbered by the thousand, and that few fatal cases, if any, have occurred, that it is sufficient to establish the safety as well as the power of anæsthesia, and should enable us to confer upon woman the greatest benefit she has ever received from medical science. In surgery, however, several unfortunate cases have occurred, that have also served as a caution in the use of anæsthetics in obstetrics. But we find an ingenious explanation of the different results furnished in the essay—"that as in surgery the agent is used as a preparation for the operation, pain is not at the time present, and has not exerted its influence upon the nervous system; but in parturition the pain is real and present, and not simply anticipated; therefore, the sensory portions of the nervous centre will resist its influence with more tenacity and force than if no pain was present."

The remainder of the volume is occupied by two Prize Essays. The first is on the influence of climate on Pulmonary Tuberculosis, and contains many facts of interest. It was written by Dr. G. W. Phillips, of Dixon, Lee Co., Ill. The second is on the use of Opium in the Treatment of Inflammatory Diseases, by Dr. A. S. Hudson, of Sterling, Ill. We shall defer a more full notice of these essays until a future number of the *Examiner*.

E. A. S.

CLINICAL REPORTS.

Medical Wards of the Mercy Hospital. Service of Dr. N. S. DAVIS.

Nov. 1st. Male Ward, No. 1. Dr. Davis remarked to the class, that he should occupy their time this morning, chiefly with two cases.

Case 1. *Chronic Ague complicated with sub-acute Duodenitis and Pneumonia.* The substance of the remarks upon this case were as follows: The patient before us is a native of Ireland, aged about 25 years, a laborer, and has been spending some months in the South. Whilst there, he was attacked with periodical fever, and found his way into a Hospital in St. Louis. By judicious treatment his fever was arrested, and in due time he was discharged. Probably, from undue exposure, he soon had a relapse in the form of a tertian intermittent.

Without any regular treatment, the patient has continued to suffer from this disease, in the meantime enduring more or less exposure and fatigue, until he reached this city, and was admitted into the Hospital yesterday. You see, at a glance, that his skin and conjunctival membrane of the eyes present a deep yellow color; his pro-labia are pale; tongue coated with a yellowish white fur; and his general aspect that of anæmia. His skin his only slightly above the natural temperature; pulse 90 per minute and soft; bowels inactive; respiration rather short, but not difficult; moderate cough, with an acute, sore pain in the left sub-axillary region; urine scanty and very high colored. It is evident that the patient has been laboring under the intermittent fever long enough to induce considerable diminution of the red corpuscles in the blood, as is shown by the paleness of his lips and the general muscular weakness; but this does not satisfactorily explain either the pain in the left side of the chest, or the jaundiced hue of the skin, with a sense of fullness and soreness in the epigastric and right hypochondriac regions. To determine the origin of these symptoms, we must resort to auscultation and percussion, or in other words, to a physical exploration of the chest and abdomen.

Uncovering the patient for this purpose, you see the epigastric and right hypochondriac regions somewhat more full than natural, but as we percuss, you learn from the tympanitie resonance, that most of the fullness is from gaseous distension of the intestines; while the hepatic dullness is restricted to its natural limits. The patient complains, however, that the percussion causes a sore pain over most of the hepatic region. From the tenderness and fullness of the right hypochondriac

and epigastric regions, it is evident that a low grade of inflammation exists in the liver, and probably also in the mucous membrane of the duodenum, which would fully explain the jaundiced hue of the patient. Finding nothing unnatural in the left hypochondric region, we will pass to an examination of the chest. As we percuss extensively over its surface, you detect no unnatural sounds, until we come to the sub-axillary region of the left side. Here the resonance is diminished, indicating that the parts within are more dense than natural. If you will take each his turn in listening through the stethescope applied to this region, you will hear distinctly a fine crepitant rale, indicative of pneumonic inflammation in the early stage of its progress. We are now prepared to explain all the symptoms that the case presents. We have a chronic or protracted intermittent, complicated with a low grade of hepatic and duodenal inflammation, by which the digestive function is impaired, the hepatic ducts obstructed, and the coloring matter of the bile retained in the blood to such an extent as to stain all the tissues a yellow color; while a more acute grade of inflammation has invaded the lower lobe of the left long.

The indications for the treatment are three, namely: the interruption of the intermittent paroxyms; the removal of the local inflammations; and the restoration of the blood and tissues to their normal conditions. The time has been, when the detection of a local inflammation in connection with a periodical fever would cause the first of these indications to be superceded by the second, under the idea that the tonic qualities of the quinine rendered its exhibition unsafe, while local inflammation existed in any of the textures of the body. Experience, however, has fully demonstrated the fallacy of this idea, and shown that the prompt interruption of the febrile exacerbations by quinine, actually facilitates the reduction of the local inflammation. Hence, we shall endeavor to fulfill, in this case, both the first and second indications by the following remedies:

℞ Sulph. Quinine, 12 grs.
Proto-Chloride Hydrarg. 12 "
Pulv. Opii, 6 "

Mix and divide into four powders. Give one every four

hours. Also between the powders, give a teaspoonful of the following mixture, viz:

℞	Hive Syrup,	℥ j.	
	Tinct. Bloodroot,	ʒ ss.	
	Tinct. Opii et Camph.	ʒ jss.	
	Tinct. Verat Viride,	ʒ j.	Mix.

To-morrow, after all the powders have been taken, the bowels should be moved by a dose of castor oil; after which, a powder composed of quinine, 2 grs., nit. potassa, 5 grs., and pulv. opii, 1 gr., may be given every four hours, and a blister plaster applied to the lower part of the left side of the chest. These means will probably prove sufficient to interrupt the intermittent paroxysms, and completely remove the pneumonic inflammation in two or three days; leaving only the general debility, with more or less duodeno-hepatic derangement for further treatment. If so, we shall direct the following pills, which we have often seen effectual in similar cases, viz:

℞	Ext. Cornus Florida,	ʒ j.
	Sulphas Ferri,	30 grs.
	Blue Mass,	10 "
	Ext. Taraxicum,	30 "

Mix and divide into thirty pills; one to be given before each meal, and at bed-time. But as you will have an opportunity to see the progress of the case from time to time, we will leave it for the present, and pass to an adjoining bed.

Case. 2. This patient is a native of Ireland, aged about 40 years, a laborer. He has been admitted to the Hospital since our visit yesterday. You see his countenance is expressive of anxiety and severe suffering, and he tells us that about three days since he was attacked with severe pain in the abdomen, which still continues, and is coupled with extreme tenderness over the whole epigastric and umbilical regions. His urine is scanty; his bowels quiet; considerable thirst, with a disposition to reject drinks by vomiting; pulse soft, and not more than 90 per minute. All the symptoms in this case point to the abdomen as containing the seat of disease, while the acute pain and tenderness would equally indicate its inflammatory nature. We may find severe pain in the abdomen from colic; but this, instead of being accompanied by acute tenderness, is

generally relieved by pressure. We may also find severe pain in the abdomen from strangulated hernia, either concealed or manifest, or from intussusception. But in either of these conditions the pain would be more circumscribed, that is, referred to some particular part of the abdomen, and be accompanied by complete obstruction of the bowels. Again, in either of the last conditions named, before three days had elapsed, as in this case, the vomiting would be frequent and perhaps stercoraceous with great general prostration. In the patient before us, however, the pain and tenderness are both diffused, the vomiting is not persistent, and free fecal evacuations have occurred since the attack commenced. Hence, we regard it as hardly possible that the present case is one of intestinal obstruction or strangulation. We should regard this as a case of sub-acute inflammation of the peritoneal covering of the intestines. If it involved that part of the peritoneum lining the abdominal parieties, there would be a much greater degree of tenseness and fullness of the abdomen, and if it extended to the mucous membrane, there would be diarrhœa. The consequences of peritoneal inflammation, when uncontrolled, are thickening of the membrane, plastic exudations, and serous effusion. The second often leads to adhesions, and the third to ascites or abdominal dropsy. Most pathologists, in treating of the nature of inflammation, have restricted their attention too exclusively to the condition and movements of the blood or fluids in the part affected. Thus, Dr. Williams makes inflammation consist, essentially, of a determination of blood to the structure involved, with the circulation through it partly increased and partly diminished. We regard every inflammation as involving *three* primary elements or morbid conditions, namely: an accumulation of blood in the part, an exaltation of that elementary property of the tissue which we call susceptibility; and an alteration of the vital affinity.

If the accumulation of blood in the part is accompanied by an active determination to it, with increase of both the susceptibility and affinity, it constitutes what is familiarly known as active, sthenic, or phlegmonous inflammation. If, on the other hand, the accumulation of blood in the part results not from

increased determination, but from an impaired action of the capillaries themselves, with dimunition of vital affinity, while susceptibility alone is increased, it constitutes asthenic or aplastic inflammation.

We thus claim that the movements of the fluids and the properties of the solids are both necessarily involved in every true inflammatory process. Hence, we have two uniform and rational indications for treatment, namely, to allay the morbid susceptibility, and to diminish the fullness of blood in the part. Anodynes and the local application of cold, constitute the principal means for accomplishing the first: while the means of accomplishing the second will depend upon the immediate cause of accumulation. Thus, where active determination of blood to the part inflamed, exists, depletion and arterial sedatives will be required; but if the cause of the accumulation is an impaired condition of the capillaries of the part, then, instead of sedatives, such stimulants or excitants as are capable of giving increased tone and contractility to the capillary system, will be most promptly efficient. These observations relate to inflammation in its first stage or elementary condition. If it has existed long enough to produce secondary effects, such as infiltration of texture; effusions, either serous or sanguine; softening, suppuration, &c., these will afford other indications for remedial agencies. In the case before us, there is not that fullness of pulse, or force in the action of the heart, which would call for either depletion or sedatives; neither are there any signs of effusion. Hence the only clear indications are to subdue the extreme morbid susceptibility of the inflamed membrane, and overcome the irritability of the stomach.

The most efficient remedies we possess for this purpose, are narcotic fomentations and full doses of opium, with alterative doses of calomel. To be effectual in such cases, the opium must be given in doses sufficient, not only to allay the pain, but to induce more or less sleep. In inflammations of the serous membranes, this can be done with impunity. But when the respiratory organs are involved, causing increased secretion into the air passages, narcotism, by suspending cough, and efforts to clear away the excessive secretion, greatly increases

the danger of suffocation. It is necessary to remember this, especially when prescribing for children. For the patient now before us, we will direct fomentations of hops or aconite leaves over the abdomen, and give a powder composed of pulv. opii. 2 grs, and calomel 2 grs, every two hours, until six doses are taken, unless the patient sooner becomes easy, and exhibits a disposition to sleep. If this should occur the interval between the doses should be lengthened to four hours.

We add the calomel to the opium, in such cases, partly to lessen the gastric irritability, and partly to keep up those important secretory actions which the opium alone would retard or entirely suspend. If we can succeed in bringing the patient readily under the influence of these remedies, the inflammatory process will rapidly abate, and at the end of 36 hours we may suspend their use, and cause a mild but efficient movement of the bowels. But as the clinique hour has already expired, we must omit further remarks until you visit the Ward again.

EDITORIAL.

In issuing the first number of a new Medical Periodical, we have only a few words of explanation to offer.

Chicago has not only become a great commercial metropolis, but also a prominent medical centre, to which a large part of the profession in the North-West, look both for their education and their medical literature. From a somewhat extended intercourse with this part of the profession, we are satisfied that they desire a medical journal, which, in addition to furnishing them, from month to month, with a fair supply of valuable practical and scientific matter, shall possess sufficient independence in its editorial management, to convey impartial and reliable information in regard to all the medical institutions existing among us; and sufficient liberality to open its columns to well written articles from respectable members of the profession, whether the sentiments they contain accord, in all respects, with those entertained by the editors or not. In other words, they want a journal conducted with energy, indepen-

dence, and liberality; embracing as its paramount object the upbuilding of the profession by the advancement of its practical, scientific, social, and educational interests. With some degree of reluctance we have undertaken the task of supplying such a journal. But having put our hands "to the plough," we shall not look backward. On the contrary, we shall spare neither time, labor, nor money, to make the *Examiner* all that its readers could reasonably ask. We have secured the aid of a good list of collaborators, embracing some of the most eminent practitioners in three or four States. Our home resources for matter of both practical and scientific interest, are ample. We not only have now two Medical Colleges in active operation in this city, but we have three Public Hospitals, two Dispensaries, one Charitable Eye and Ear Infirmary, and two well organized Medical Societies. From all these we shall gather more or less matter for the entertainment and instruction of our readers. We also earnestly solicit contributions from members of the profession generally.

In pecuniary matters, our past experience has satisfied us, that payment in advance is the only correct policy.

It is certainly more easy, and far more pleasant, to pay promptly *two* dollars per annum, than to pay eight or ten dollars at the end of four or five years.

We have issued this, the first number, one month in advance of its date, to give those who wish to subscribe, time to send in their names and remittances before the issue of the second number, which will be due on the first of February.

To the editorial fraternity, we would extend a friendly greeting, and respectfully ask them to place the *Examiner* on their list of exchanges.

CHICAGO COLLEGE OF PHARMACY.

The introductory exercises of this Institution were inaugurated in Bryant & Stratton's Commercial College, with a general introductory lecture, by Prof. J. H. Rauch, M. D., which was listened to with interest by an audience of ladies, physicians, and students. The subject of the address was the History of Pharmacy, and displayed much research and labor in its composition.

E. A. S.

TRANSACTIONS OF STATE SOCIETY.

A desire to give some idea of the progress of our Western medical literature, we trust, will be considered a sufficient motive for having devoted to the Transactions more space than generally it is advisable to appropriate to a bibliographical notice. We hope that the Abstract will furnish to the profession an idea of their value, and those who consider themselves entitled to a copy, and do not receive one, will please remember that a resolution was adopted by the Society at its last meeting, by which those members only are entitled to the Transactions who have paid the assessment of three dollars.

All those who have thus responded, have been supplied, and to others of the profession who will remit to the Treasurer, Dr. J. W. Freer, the same will be immediately sent. Also, there are a number of copies of the Transactions for the years 1856, '57, and '58, still in the hands of the Secretary, that, when bound, would constitute a handsome volume, and a valuable addition to the library of any physician. E. A. S.

MEDICAL DEPARTMENT OF LIND UNIVERSITY.

The first annual course of instruction in this institution was commenced on the evening of the 10th of October last. The College Hall was closely crowded by an audience composed of professional men, students, and intelligent citizens of both sexes. The exercises were opened with prayer by the Rev. J. A. Wight, after which the general introductory lecture was delivered by Prof. N. S. Davis. As this lecture is published in full in the present number of the *Examiner*, every reader will judge of its merits for himself. It was listened to by the audience with evident interest and pleasure. At the close of the exercises, the audience was invited to examine the laboratory, museum, and other rooms provided for the accommodation of the institution. The number of the regularly matriculated students at that time was 18, which has since been increased to 26, namely, 14 in the Junior, and 12 in the Senior Departments. This is regarded by the friends of the institu-

tion, and the Faculty, as a very satisfactory beginning. Dr. Titus Deville, the Professor of Anatomy, did not arrive from Europe until two or three weeks after the commencement of the term. On his arrival, he gave a general introductory to his course of lectures, which was listened to by a large and highly delighted audience. The lecture was elegantly written, and highly appropriate to the occasion.

This institution has thus fairly commenced its work, and taken its place among the permanent medical schools of our country.

RUSH MEDICAL COLLEGE.

The regular term of lectures in this institution commenced on the first Tuesday in November. The general introductory lecture was delivered by Prof. J. A. Allen, formerly of Michigan, and was listened to with pleasure by the audience. The lecture was beautifully written, but in sentiment advocated a strict adherence to the established system of medical college instruction, with all its defects and absurdities. The number of students does not vary materially from that of former years; and, we are glad to remark, an increase of one professorship, and the advantage that the students now possess of listening to a few lectures upon the important branch of Microscopy and its teachings by the Professor of Surgical Anatomy. As trivial as these changes and additions are, we cannot but regard them as an earnest of more important ones in the future. And, that the organization of a new and rival school, can but stimulate to further exertion, and a consequent increase of the number of students.

E. A. S.